## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P93000083216 (0)

DOCUMENT #

1. Corporation Name JDS INDUSTRIES, INC.

אוו פענ	DOSTRIES, INC.						
Principal Place	of Business	Mailing Address			1 10011001 110 101000 11111 00111 0011	1 Abist Basas (ataa 1)	TATA DIABL HANG AND THE TABL
14499-62ND STREET NORTH 14493-62ND STREET NO CLEARWATER FL 34620 CLEARWATER FL 34620							
					3. Date Incorporated or Qualified 12/07/1993	3a. Date of t 05/0	Last Report 1/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
21 26					59-3210410		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	<b>\$</b>	8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	;	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax ur	nder s 199.032,
24	25	29	30		1	s No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New	Registered Age	nt
			81	Name			
BYRD, D	OUGLAS S		82	Street Ad	odress (P.O. Box Number is Not Accepta	ble)	
14493 62ND STREET N.			83				
CLEARW	VATER FL 34620						
			84	City		FL  8	35 Zip Code
SIGNATURE	h, and accept the obligations of, So Signature, typed or printed name of registered as				poration subtracts this statement for the applicant of directors. I hereby accept the applicant when reinstating	DATE	
12.	OFFICERS A	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OF		
TITLE	VP	DELETE	1 1 THLE			U	Change
NAME	BYRD, DOUGLAS S		1.2 NAME				
STREET ADDRESS	14493 62ND STREET		1.3 STREE	ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34620		1.4 CITY - ST - ZIP				Change
TITLE		DELETE	2 1 TITLE			ш,	mange E Addition
NAME			2 2 NAME				
STREET ADDRESS			2 3 STREE				
CITY-ST-ZIP		☐ DELETE	2 4 CiTY - : 3 1 TiTLE	51 - 71P			Change Addition
TITLE		orecie	3.2 NAME				<del></del>
NAME			1	T ADDRESS			
STREET ADDRESS			3.4 CITY -	1			
CITY - ST - ZIP TITLE		DELETE	4, 1 TITLE				Change
NAME			4.2 NAME	ļ			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE				Change
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CiTY-ST-ZIP			5 4 CITY-	ST - ZIP			
TITLE		☐ DELETE	6. 1 TITLE				Change

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged, or on an attachment with an address.

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE: 5

NAME

STREET ADDRESS

DOUG BYRD

813-530-7797