

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000018812 (5)

1. Corporation Name

J.R.D. VALET PLUS, INC.

**APPROVED
AND
FILED**

95 JUL -3 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9905 RIDGE BLVD
JACKSONVILLE FL 32208

Mailing Address

9905 RIDGE BLVD
JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/04/1994	3a. Date of Last Report
4. Fil Number 59-3227893	Appared For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for interest on the under is: (1) or (2) Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
30. County	30. County

9. Name and Address of Current Registered Agent

**DIXON, JOE R
9905 RIDGE BLVD
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

01. Name	05. Zip Code
02. Street Address (P.O. Box Number is Not Acceptable)	
03.	
04. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the responsibilities of Sections 607.0502, Florida Statutes.

SIGNATURE

(Signature of person performing as registered agent and the applicable

12. (Signature of Agent Signature required after recording)

(Date)

12. OFFICERS AND DIRECTORS	
NAME	PD DIXON, JOE R 9905 RIDGE BLVD JACKSONVILLE FL 32208
NAME	D CANADY, TROY L 11146 RALEY CREEK DR JACKSONVILLE FL 32225
NAME	D HAMPTON, FRANK SR 3190 W EDGEWOOD AVE JACKSONVILLE FL 32209
NAME	D LAROCHESTER, CAROLYN W 3609 POST ST JACKSONVILLE FL 32205
NAME	D WATFORD, H. MAT 6818 CARTIER CIR JACKSONVILLE FL 32208
NAME	D QUARTERMAN, GEORGE 5711 BOWDEN RD JACKSONVILLE FL 32216

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	AV/D DIXON, DEBBIE H. 9905 Ridge Blvd Jacksonville FL 32208
2. NAME	2nd EV/D CANADY, TROY L 11146 Raley Creek Dr Jacksonville FL 32225
3. NAME	EV/D HAMPTON, FRANK SR. 3190 W Edgewood Ave Jacksonville, FL 32209
4. NAME	S/D LAROCHESTER, CAROLYN W 3609 Post Street Jacksonville FL 32205
5. NAME	T/D CANADY, MINNIE MAYS 11146 Raley Creek Dr Jacksonville FL 32225
6. NAME	2nd AV/D HAMPTON, FRANK SR (MRS) 3190 W Edgewood Ave Jacksonville FL 32209

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated in this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am and have been a resident of the State of Florida and have been appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the Florida Department of State's records with an address.

SIGNATURE: Joe R. Dixon, President/Director/CEO.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/95

(904) 764-4587