SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

SIGNATURE:

P94000060884 (1)

STENATORE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.D.S. ENTERPRISES OF GAINESVILLE, INC.					-
Principal Place of Business Ma		Mailing Address		I YOUNTEST THE CONT. DESILE DESILE DESILE	IRRA ODRIO DIINI DPIBA ROPOL ADRIA DRIO 1001
		5313 SW 83RD TERRACE GAINESVILLE FL 32608			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pi	ace of Business	2a. Mailing Address		08/12/1994 4. FEI Number	08/21/1995 Applied For
21 5721 SW 95 TH ST 26 5721 SU) 9(TH ST.	59-3260542	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc				5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State City & State			le FI	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Country			Country	This corporation has liability for in	
Z4 321		- トー・マンフかい ト	- 1 i i	Florida Statutes	Yes No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Rec	istered Agent
97	COTT, JAMES D		81 Name		
SOUTH, SAMES DE TERRACE SAINESVILLE FL 32608			82 Street Address (P.O. Box Number is Not Acceptable) 5 7 2		
			84 City /*	inesville	85 7.0 Code
11 Pureuant t	to the provisions of Sections 607 050	i2 and 607 1508. Florida Statutes	the above-named corn	oration submits this statement for the pu	roose of changing its registered
office or re	edistered agent, or both, in the State	of Florida. Such change was auth	norized by the corporati	ion's board of directors. Thereby accept	the appointment as registered
	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid		esident Augu	st 4, 1996
SIGNATION	gradure typed or printed mone of legislated age		Begistered Agent algorature requi		0A'E 7 1110
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELETE	11 HILE		Change Addition
NAME	SCOTT, JAMES D		1.2 NAME	COLUMN TH S	٢
STREET ADDRESS	5313 SW 83RD TERR		1 3 STREET ADDRESS	STAISW TO THE	` ว ว 6/18
CITY-ST-ZIP FITLE	GAINESVILLE FL	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE	5721 SW 95 TH S Gainesville, FL	Change Addition
NAME		L	2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TITLÉ		DELETE	3 + TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP		T DELETE	34 CITY-ST-ZIP		Channa L Addition
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME 4 3 STREET ADDRESS		
STREET ADDRESS CITY+ST-ZIP			4 4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - \$1 - 2IP		
TITLE		DELETE	6.1 1111.6		Change Addition
NAME			6 2 NAME		
\$TREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	ay cortify that the information a real-	of with this filling is not interit. Goes	64 CiTy-ST-ZiP	ilify for the exemption stated in Section 1	19.07/3\/k) Florida Statutas J
further ce	ertify that the information indicated on	rithis annual report or supplément	tal annual report is true.	and accurate and that my signature shall to execute this report as required by C	I have the same legal effect as if

James