FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED May 07 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P9400060884 (1) J.D.S. ENTERPRISES OF GAINESVILLE, INC. Principal Place of Business Mailing Address 5721 8W 95TH STREET 5721 SW 95TH STREET **GAINESVILLE FL 32008** GAINESVILLE FL 32008 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 3529 SW 84 Th Street 3529 SW 845 59-3260542 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Gainesville Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1] Name SCOTT, JAMES D 5721 SW 95TH STREET 82 **GAINESVILLE FL 32606** 83 Zip Code *Gi*vinesville 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 surfamiliar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE

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6.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 oath; 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

Block 12 or Block 13 if changed, or on an attachment with an address

City-ST-ZIF