## 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

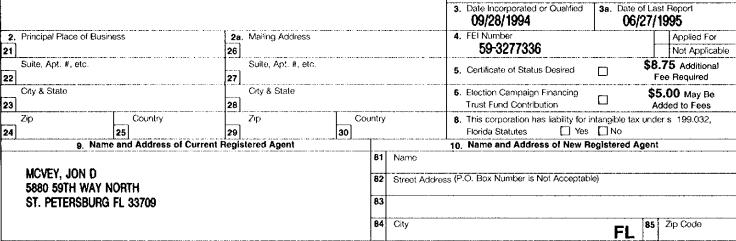
1996

DOCUMENT # P9400071159 (5)

J.D.M. CONSTRUCTION, IN	IC.
Principal Place of Rusiness	Moiting Address

5880 59TH WAY NORTH ST. PETERSBURG FL 33709 Mailing Address

5880 59TH WAY NORTH ST. PETERSBURG FL 33709



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 obligations of, Section 607.0505, Florida Statutes.

	•					
SIGNATURE	Signature, typed or printed name of registered agent and title	applicable. (NOT	E. Registered Agent signature required	when reinstating)	DATE	
12.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OF	OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1. 1 TITLE	- CHIEF THE FOREIGN CHIEF CHIE	☐ Change	Addition
NAME	MCVEY, JON D		1.2 NAME			
STREET ADDRESS	5880 59TH WAY NORTH		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33709		1.4 CITY-ST-ZIP			
TITLE		DELETE	2 1 TOTLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3 1 TITLE		☐ Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CHTY-ST-ZIP			3.4 CITY - ST - 7IP			
TITLE		DELETE	4. 1 TITLE		Change	Addition Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 OITY - 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-S1-ZIP			
TITLE		DELETE	6 1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			

14. I 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 coath; that I am an officer or director of the control of the

6.4 CITY - ST - ZIP

SIGNATURE:

ON TURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/96 (813)710 - 0835

CR2F034 (12/95)