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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000071159 (5)

J.D.M. CONSTRUCTION, INC.

## **FILED** Feb 16 1998 8:00am Secretary of State



						-				
Principal Place of Business Mailing Address								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	444 (84) (8A)	
5880 59TH WAY NORTH 5880 59TH WAY NORTH										
ST. PETERSBURG FL 33709		ST. PETERSBURG FL 33709				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified		7102		
						09/28/1994			İ	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		T <sub>A</sub> r	plied For	
21		26				59-3277336		<del>-</del>	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						<del></del>	Additional	
22		27	27			5. Certificate of Status Desired		Fee Re		
City & State	6	City & State	City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	\$5.00	May Be	
23		28				Trust Fund Contribution		Added		
Zip	Country Zip Co			intry		8. This corporation owes or has p	aid the currer	nt year Int	angible	
24	25	29	30			Personal Property Tax due June			] No	
	g. Name and Address of Currer	nt Registered Agent		 		10. Name and Address of New Ro	egistered Ag	ent		
	OVEY, JON D			81	Name				1	
	80 <b>59</b> TH WAY NORTH			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
ST										
				83						
				84	City	And the second s	FL	85 Zip (	Code	
11. Pursuant	to the provisions of Sections 607 050	02 and 607 1508. Florida Statu	ites the at	bove-n	named corno	oration submits this statement for the		nanging it	s registered	
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was lations of, Section 607.0505, F	authorized lorida Stat	d by ti lutes.	ne corporation	oration submits this statement for the on's board of directors. I hereby acce	pt the appoir	ilment as	registered	
SIGNATURE					<del></del>					
12.	Signature, typed or printed name of registered ago OFFICERS AN	D DIRECTORS (NO	13.	d Agent a	eignature require	d when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CEDS AND D	IDECTOR	S IN 12	
TITLE	PSTD	DELETE 1.1		TLF	T	ADDITIONS/CHANGES TO OFF		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 CIT		1				1	
TITLE	DELETE			2.1 TITLE				Change	Addition	
NAME			2.2 NAM					_		
STREET ADDRESS			2.3 ST		DRESS					
CITY-ST-ZIP			2.4C		ZIP				1	
TITLE		DELETE	3.1 TITLE					Change	Addition	
NAME			3.2 NAME						J	
STREET ADDRESS			3.3 ST	REET AD	ORESS					
CITY-ST-ZIP			3.4. CI	3.4. CITY-ST-ZIP						
TITLE	DELETE 4.1		4.1 711	ILE				Change	Addition	
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 ST	REET AD	ORESS					
CHY-ST-ZIP			TY-ST-Z	ZIP			_			
TITLE	DELETE 5.11		ILE				Change	Addition		
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET AD	DRESS					
CITY-ST-ZIP	6. Jo		5.4 CI	TY - \$1 - Z	?IP					
TITLE	y.	☐ DELETE	6.1 TrT	ILE				Change	Addition	
NAME ,			6.2 NA	ME						
STREET ADDRESS			6.3 \$1	reet adi	DRESS					
CITY-ST-ZIP				1Y-ST-Z						
44 I horoby o	portify that the information cumplied w	ith thic filing doop not qualify t	for the ave	motion	n plated in C	Incline 110 07/21/31 Floride Clabifoe I	friether south	. that the	information	

indicated on this annual report is supplied with riss liling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is supplienental 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 Block 12 or Block 13 if changed, or on an antichment with a contraction of the corporation of the corporati