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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000079042

1. Corporation Name

JDKELM, INC.

Principal Place of Business

Mailing Address

5798 SHADY BROOK WAY SARASOTA FL 34243 5798 SHADY BROOK WAY SARASOTA FL 34243

## FILED May 01, 1999 8:00 am Secretary of State

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		DO NOT WRITE IN	THIS SPAC
3.	Date Incorpo	rated or Qualifed	

10/27/1994

2. Principal Pl								
	lace of Business .	2a. Mailing Address			4. FEI Number		olied For	
21		26			65-0541015		Applicable	
-Suite, Apt.	#, etc	Suite, Apt. #, etc.		حند		\$8.75 A		
22		27			3. Certificate of Grands Boolings	Fee Red	quired	
City & State	е	City & State			6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the current ye	ear Intangible	_/	
24	25	29 3	0		Personal Property Tax.		IZÑo	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent		
			81	Name				
BAKER, DIANA L 5798 SHADY BROOK WAY				82 Street Address (P.O. Box Number is Not Acceptable)				
				62 Street Address (F.O. Box Multiper to Mot Address of				
SAR/	ASOTA FL 34243		83	83				
						05 7:- C	'ada	
			84	City		FL 85 Zip C	oue	
44 Pureuant	to the provisions of Sections 607 0503	and 607 1508. Florida Statutes	the above	a-named coroo	pration submits this statement for the purpor	se of changing its	registered	
office or re	egistered agent, or both, in the State o	nf Florida. Such change was auti	nonzea by	tne corporatio	n's board of directors. I hereby accept the	appointment as reg	jistered	
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statutes.	•				
SIGNATURE	Signature, typed or printed name of registered agent	AIOTE D	agistarad Agam	t signature required	t when reinstation)	ATE .		
12.	OFFICERS ANI		13.	t aignatura requise	ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE	PDT	□ DELETE	1,1 TTLE			Change	Addition	
ł	BAKER, JAMES E		1.2 NAME					
NAME	TTOO OLLANY BROOK INAV							
	1 5/UX SHAIIT RRIIIR WAT							
STREET ADDRESS			1.3 STREET					
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST		, , , , , , , , , , , , , , , , , , , ,	□ Channa	□ Addition	
	SARASOTA FL VDS	DELETE	1.4 CITY-ST 2.1 TITLE		· L	Change	Addition	
CITY-ST-ZIP	SARASOTA FL VDS BAKER, DIANA L	DELETE	1.4 CITY-ST		, , , , , , , , , , , , , , , , , , , ,	☐ Change	☐ Addition	
CITY-ST-ZIP TITLE	SARASOTA FL VDS BAKER, DIANA L 5798 SHADY BROOK WAY	DELETE	1.4 CITY-ST 2.1 TITLE	T-ZIP		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME	SARASOTA FL VDS BAKER, DIANA L	,	1.4 CITY-ST 2.1 TITLE 2.2 NAME	T-ZIP  ADDRESS			Addition	
CITY-ST-ZIP TITLE NAME STREET ADORESS	SARASOTA FL VDS BAKER, DIANA L 5798 SHADY BROOK WAY	DELETE	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP  ADDRESS		Change	-	
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4. I hereby 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 informatio 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WIGHT TENENTED IN DIED BOLET PRESIDENT 4 30 99

KZE034 (11/98)