

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

MAY 1 1995

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080511 (6)

1. Corporation Name

J.C.D. FUNDING INC.

Principal Place of Business

548 PATRICIA AVE.
DUNEDIN FL 34698

Mailing Address

548 PATRICIA AVE.
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date incorporated or located

10/31/1994

3a. Date of last report

2. Principal Officers and Directors

21

State App # etc.

23. City & State

24. Zip

25. County

2b. Mailing Address

26

State App # etc.

27. City & State

28. Zip

29. County

30

4. FFI Number

59-3276496

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, AL
12600 S BELCHER RD, 104E
LARGO FL 34643

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number Not Accepted)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(1) and 607.15(8), 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 this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(1) & 607.15(8), Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (if different from above)

Signature of New Registered Agent (if different from above)

Signature

12.

OFFICERS AND DIRECTORS

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PRESIDENT/Secretary
Jon J. Curto
548 Patricia Ave
Dunedin, FL 34698

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

Vice President
Patrick Connolly
6433 SaddleTree Dr
Westley Chapel, FL 33544

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, not equally for the information stated in this filing. I, the undersigned, further certify that the information included on this annual report or supplemental annual report is true and correct 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 owner or holder of any interest in the corporation and that my name appears on Block 1, or Block 1-A if a partnership, or on any other form with an address.

SIGNATURE:

Jon J. Curto Pres.

Jon J. Curto Pres.

5-1-95

(813) 736-6718

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR