## 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

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**DOCUMENT #** 

P94000082076 (8)

JDR ASSOCIATES OF BREVARD, INC.

Principal Place 3555 ASPEN MELBOURNE	WAY	Mailing Address P O BOX 410363 MELBOURNE FL 329	<b>41 (</b> 363		
		US		3. Date Incorporated or Qualified 11/09/1994	3a. Date of Last Report 06/16/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	. etc.	26 3555 Asp Suite, Apt. #. etc.	en way	59-3284675	Not Applicable
22	,	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	o FL	6. Election Campaign Financing	\$5.00 May Be
<b>23</b>	Country	28 Melbourn	Country	Trast Fund Contineditory	Added to Fees
24	25	29 32934	30 US	8. This corporation has liability for inte	
	9. Name and Address of Curre			10. Name and Address of New Reg	
MELBO	SPEN WAY URNE FL 32934	2 and 607 1508. Firming Statut	83 84 City	ress(P.O. Box Number is Not Acceptable) ration submits this statement for the purpo	FL 85 Zp Code
familiar with	d agent, or both, in the State of Flor i, and accept the obligations of, Sec	ida Such change was authoriz tion 607.0505, Florida Statutes	ed by the corporation's boa	rd of directors. Thereby accept the appoint	tment as registered agent. I am
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	BATE RS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	I 1 TIIL€		Charige Addition
NAME	RICH, JOHN J		1.2 NAME		
STREET ADORESS	3555 ASPEN WAY MELBOURNE FL 32934		13 STHEET ADDRESS		
CITY-S1-ZIP TiTLE	D	☐ DELETE	14 CITY - ST - Z-P 2 1 TITLE		Change   Addition
NAME	RICH, DEBRA L		2 2 NAME		Change Addition
STREET ADDRESS	3555 ASPEN WAY		2.3 STREET ADORESS		
CITY - ST - ZIP	MELBOURNE FL 32934		2 4 CITY - S1 - ZIF		
TITLE		DELETE	3 1 TIFLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4 CITY - ST - ZIP 4 1 TITLE		
NAME			4 2 NAME		Change 🔲 Addition
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIF			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 TITLE		Change Addition
NAMÉ			5.2 NAME		_ , _
SIBEE1 ACORESS			5.3 STREET ADDRESS		
CITY - S1 - ZIP			5.4 C(TY-ST-Z)P		
TIPLE		☐ DELETE	6 1 T TLF		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STHEET ADDRESS		
CHY ST 70		· ····	6.4 CHY - S1 - ZIP		
oath; that I	ne information indicated on this aon.	ual report or supplemental ann: pration or the receiver or truster	ual report is true and accura plempowered to execute the	or the exemption stated in Section 119.07( te and that my signature shall have the sar s report as required by Chapter 607, Florid	va loop officer on if might inches

SIGNATURE:

Debra L. Rich

407-259-4554