## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000091770 (5)

J AND B MEDICAL SALES, INC.

Principal Place of Business

1657 CLOVER CIRCLE MELBOURNE FL 32935 Mailing Address

P.O. BOX 360991 MELBOURNE FL 32836 97 JUL 18 AM 9: 13

SECH DRY UF STATE TALLAHASSEE FLORIDA



US				DO NOT WHITE	IN THIS STACE	
				3. Date Incorporated or Qualified	3a. Dale of Last Report	
				12/15/1994	04/05/1996	
	ace of Business	2a. Mailing Address		4, FEI Number	Applied For	
	SALLARO OR		ARD DR	59-3282851	Not Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
	BOURNE, FL	28 MELBOU	RVE FL.	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid	d the current year intangible	
24 32 935 25 USA 29 32 935 3			""   ""   ""   ""   ""   ""   ""   ""			
	9. Name and Address of Current		10. Name and Address of New Registered Agent			
FRESE, GARY B 81 Name						
930 S. HARBOR CITY BOULEVARD			82 Street Add	90 Ctroot Addrson (D.O. Doy Nijoshov in Nat Accontable)		
SUITE 505				82 Street Address (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32901						
.e					·····	
			84 City		FL 85 Zip Code	
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. It hereby accept the appointment as registered agent. I arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. Lar	n familiar with, and accept the obliga	ations of, Section 607,0505, Florid	da Statutes.	Enorre board or directors, rifereby accep	, appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ager		Registered Agent signature regs		DATE	
12.	Signature, typed or printed name or registered ager OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	DELETE	1 1 TITLE		Change Addition	
NAME	RHODEN, JESSE J	man contin	1.2 NAME		_ ,	
NAME STREET ADDRESS	1657 CLOVER CIRCLE		1.2 NAME 1.3 STREET ADDRESS	7000022	472578 701121005	
*	MELBOURNE FL 32935		4.3	-07/2479	701121005	
CITY-ST-ZIP	D D	DELETE	1.4 DITY-ST-7IP 2.1 TITLE	****165	.00 ***165.00	
TITLE	RHODEN, BRENDA B	- Defent			Change Chy Addition	
NAME	1657 CLOVER CIRCLE		2 2 NAME	Y 4	*	
STREET ADDRESS	MELBOURNE FL 32935		2 3 STREET ADDRESS			
CITY-ST-ZIP	MELDOUNIE PL 32833	DELETE	2 4 CITY-ST-7IP		Change Addition	
TITLE		☐ DELETE	31 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4 t TITLE		Change Addition	
NAME .			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY-ST-7IP			
TITLE		DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE	:	DELETE	6.1 TITLE		Change Addition	
NAME :			6.2 NAME		, –	
STREET ADDRESS			6.3 STREET ADDRESS			
STREET ADDRESS			6.4 CITY, ST. 7/P			

14. I do 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 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 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 this mane appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CLCMATCHER DISCUSSION

(407)

## J & B Medical Sales, Inc.

Jesse J. Rhoden, President

478 Ballard Drive, Suite 31 Melbourne, FL 32935 Office 1-800-242-6063 Fax 1-407-254-7032 Voice Mail 1-888-945-0782

July 14, 1997

Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

I spoke to an agent on the phone about getting a second notice to file the Corporation Annual Report. She said that the first notice had been returned because it was sent to the wrong address. Since I did not receive the first notice, she suggested that I send the \$165.00 plus a note explaining the situation. I am very prompt about taking care of all official business, so I hope you will take this into consideration. Thank you.

Sincerely,

Brenda B. Rhoden

Brend & Rhoden