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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000012956 (5)

J B D M. INC.

| Principal | F | ace | ΟÍ | Business |
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| | | | | |

FILED May 02 1997 8:00am Secretary of State



| Pandipal Place 1757 BENBOW | | | Mailing Address 1757 BENBOW STREET | | | | | |
|---|--|---|--|--|---|-----------------------------|--|--|
| APOPKA FL 32703 | | | APOPKA FL 32703-7730 | | Date Incorporated or Qualified 3a. Date of Last Report | | | |
| | | | | | 02/15/1995 | 04/05/199 | • | |
| 2. Principal ha | on of Business | | a. Mailing Address | . 0 | 4. FEI Number | | Applied For | |
| 5401 | WOAKRID | 65 140 20 | | MANA YDINT | 59-3296858 | | Not Applicable | |
| Suite, Apt # | t otc | 21 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | 7 | Additional Required | |
| City & State | ANDO FL | 21 | City & State | FL | Election Campaign Financing Trust Fund Contribution | | May Be d to Fees | |
| که در ا | Country 25 | 20 | 32779 | Country 30 | 8. This corporation has liability for in Florida Statutes | ntangible tax under | rs. 199.032, | |
| | 9. Name and Addres | s of Current Reg | Istered Agent | | 10. Name and Address of New Reg | gistered Agent | | |
| | ORHEAD, DOUG | | | 81 Name | | | | |
| | 7 Benbow Ct. IPKA FL 32703 | | | 82 Street Add | dress (P.O. Box Number is Not Acceptab | le) | | |
| | | | | 83 | | 1 | | |
| | | | | 84 City | | FL 85 Z | p Code | |
| 11. Pursuant b | o the provisions of Section | ons 607.0502 and | 607.1508, Florida Statute | es, the above-named corp | poration submits this statement for the p | urpose of changing | its registered | |
| office or re agent. Lar | egistered agent, or both, in familiar 🚧 and acce | in the State of Floor on Modelina lone | orida. Such obal ge was a of, Sealo 127,0505, Flo | uthorized by the corpora rida Statutes. | poration submits this statement for the pation's board of directors. I hereby accep | ot the appointment | as registered | |
| | | | 186 | DAVIG W | The Man U. C. | U-21-9 | 2 | |
| CHONAL A THE LITTE | T /medan f | , , , , , , , , , , , , , , , , , , , | | 17110000 717 | | 7 | _ | |
| SIGNATURE | | of registered agent and | | : Registered Agent signature requ | | DATE | | |
| 12. | OF | of registered agent and FICERS AND DIF | ECTORS | 13. | ulred when reinstalting) ADDITIONS/CHANGES TO OFFICE | | | |
| 12. | OF DPT | | | 13. 1.1 TITLE | | DATE CERS AND DIRECT Change | | |
| 12. TILLE NAME | DPT BLAINE, JAMES | FICERS AND DIF | ECTORS | 13. 1.1 TITLE | | | | |
| 12. TILE YAME | DPT BLAINE, JAMES 1757 BENBOW ST. | FICERS AND DIF | ECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | | | | |
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cute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the corpor appears in Block 12 or Block 13 if cha