

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000032655 (9)

1. Corporation Name

J & S DEVELOPMENT GROUP, INC.



Principal Place of Business

Mailing Address

7160 HAZELWOOD CT  
TAMPA FL 33615

7160 HAZELWOOD CT  
TAMPA FL 33615

3. Date Incorporated or Qualified

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 3200 Henderson Blvd.

26 3200 Henderson Blvd.

4. FEI Number

Applied For

Not Applicable

59-3355296

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #200

27 #200

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33609

25

29 33609

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADHU, JAY  
7160 HAZELWOOD CT  
TAMPA FL 33615

81 Name

JAY Madhu

82 Street Address (P.O. Box Number is Not Acceptable)

3200 Henderson Blvd #200

83

84 City

TAMPA

FL

85 Zip Code

33615

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*JAY Madhu*  
Signature of individual or principal officer of registered agent and if not applicable.

JAY Madhu, President

(NOTE: Registered Agent Signature required when reinstating)

4-24-96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

P/S

1.2 NAME

JAY Madhu

1.3 STREET ADDRESS

7106 HAZELWOOD CT

1.4 CITY-ST-ZIP

TAMPA, FL 33615

2.1 TITLE

D

2.2 NAME

Ganapa Madhu

2.3 STREET ADDRESS

7106 HAZELWOOD CT

2.4 CITY-ST-ZIP

TAMPA, FL 33615

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY Madhu

Date

4/24/96

Daytime Phone #

813-873-0805

CR2E034 (12/95)