FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000044323 (0)

J.D. & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED Apr 14 1998 8:00am Secretary of State



3. Date Incorporated of 05/30/1995	NOT WRITE IN THIS SPACE or Qualified
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Add	Applied For
21 1497 OBERLIN TERR. 28 1497 OBERLIN TERR. 59-3315872 Suite, Apt. #, etc. 5uite, Apt. #, etc.	Not Applicable S8.75 Additional
5. Certificate of Status	Desired Fee Required
City & State City & State LAKE MARY, FL. City & State LAKE MARY Trust Fund Contribu	
24 32746 25 SEMINOLE 29 32746 30 SEMINOLE Personal Property To	
at the	s of New Registered Agent
ANT OPEN ALTERNACE	
199/ UDCRLIN I ENNAUCE B2 Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746	
B3	
B4 City	85 Zip Code
	FL T
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statem office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I had amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.	nent for the purpose of changing its registered nereby accept the appointment as registered
SIGNATURE	
Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGE	DATE ES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE	Change Addition
NAME DOWNEY, JAMES D 12 NAME	- • -
STREET ADDRESS 1497 OBERLIN TERRACE 1.3 STREET ADDRESS	
CMY-ST-ZIP LAKE MARY FL 32746 1.4 CMY-ST-ZIP	
TITLE DELETE 2.1 TITLE	Change Addition
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP	
CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE	☐ Change ☐ Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-2IP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CiTY-ST-ZIP 54 CiTY-ST-ZIP	
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	

indicated on this annual report or supplies with this ming does not quality for the exemption stated in Section 1 19.07(3)(), Florida Statutes. Trutther certify that the informatic 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. James A Hoursel 4/1/98

407 330 6215