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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000090940 (4) DOCUMENT #

Block 12 or Block 13 if changed, or on an attachment with an address.

J & D SERVICES, INC.

Principal Place of Business Mailing Address 4032 N.W.COUNTY HIGHWAY 326 4032 N.W.COUNTY HIGHWAY 326 OCALA FL 34482 OCALA FL 34482 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/29/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3345423 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has pald the current year Intangible 24 30 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAWS, JOHN **ROUTE 1, BOX 6973** 82 Street Address (P.O. Box Number is Not Acceptable) WILLISTON FL 32696 83 84 City 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Di TITLE DELETE Addition 1.1 TITLE Change GARN, DONALD L NAME 1.2 NAME 1011 S.W. 23RD PLACE STREET ADDRESS 1.3 STREET ADDRESS OCALA FL 34474 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition LAWS, JOHN NAME 2.2 NAME RT. 1 BOX 6973 STREET ADDRESS 2.3 STREET ADDRESS WILLISTON FL 32696 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition LAWS, DEBORAH S NAME 3.2 NAME RT. 1 BOX 6973 STREET ADORESS 3.3 STREET ADDRESS WILLISTON FL 32696 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE 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 CITY-ST-ZIP

6.4 CITY-ST-ZIP 14. I 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 supplimental 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