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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISIÓN OF CORPORATIONS

1998
DOCUMENT # PS

P96000019022 (8)

FILED Apr 15 1998 8:00am Secretary of State

J.E.D.,	INC.				
Principal Place	e of Business	Mailing Address			IF FIRME HOUSE COLLEGE HERE HADE HOUR
9660 SEMINOLE BLVD SEMINOLE FL 34642		9660 SEMINOLE BLVD SEMINOLE FL 34642			
				DO NOT WRITE IN TO 3. Date Incorporated or Qualified	HIS SPACE
				02/28/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3368743	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Continuate of claims begind	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution This corporation owes or has paid the	Added to Fees
24	25	29 30]	Personal Property Tax due June 30.	Yes No
=-1	g. Name and Address of Current			10. Name and Address of New Registe	red Agent
FiN	NEGAN, DONALD		81 Name		
1982 LORRAINE RD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LARGO FL 34644					
			83)	
			84 City		85 Zip Code
44 Durayant t	to the provisions of Costings 507.0503	and CO7 1609 Florida Statutos	the above named car		es of changing its registered
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 profed name of registered agen	it and title if applicable (NO?E Re	gistered Agent signature requi	ired when reinstaling DA	TE C
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELET e	1.1 TITLE		Change Addition
NAME	FINNEGAN, EVELYN		1.2 NAME	:	5
STREET ADDRESS	22365 CROOM RD		1.3 STREET ADDRESS		[1]
CITY-ST-ZIP TITLE	BROOKSVILLE FL 34601	DELETÉ	1.4 CITY - ST - ZIP		Change Addition
NAME	FINNEGAN, JACK	L_ DILLIL	22 NAME		change Addition
STREET ADDRESS	22365 CROOM RD		2.3 STREET ADDRESS		Ì
CITY-ST-ZIP	BROOKSVILLE FL 34601		2. 4 CITY - ST - ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	FINNEGAN, DONALD		3.2 NAME		
STREET ADDRESS	1962 LORRAINE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34644		3.4. CITY-ST-ZIP		
TITLE		L_] DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS		Į	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 7ITLE		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		
CITY-ST-ZIP		<u> </u>	6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this ting 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 symplemental amount 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 is the does were further than a supplied to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if gyanges, of or an address.

CICNATURE.

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1 21-00 012-210-00