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

Mailing Address
3015 RED OAK COURT

PALM HARBOR FL 34684-4934

SUITE 204

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086643 (9)

JDM SALES, INC.

Principal Place of Business

3015 RED OAK COURT

PALM HARBOR FL 34684

SUITE 204

10/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3409128 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Zip Country This corporation has liability for intangible tax under s. 199.032. Yes 🔀 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MARTI, DAVID W 3015 RED OAK COURT 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 204 83 PALM HARBOR FL 34684 City 85 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. Lam 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 signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE THLE MARTI, DAVID W 1.2 NAME NAME 3015 RED OAK CT. SUITE 204 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 CHTY - ST - ZIP 1.4 CiTY-ST-ZiP DELETE Change Addition 2.1 TITLE HILE MARTI, JUDITH P NAME 2.2 NAME 3015 RED OAK CT. SUITE 204 2.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 2.4 CfTY-ST-ZIP CITY-S1-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition THLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE THILE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP City-ST-ZIP 14. I do 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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

4/29/97 813 187-6104

FILED

May 07 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified