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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000091978 (2)

1. Corporation Name
JGD PROPERTIES, INC.

Principal Place of Business
P.O. BOX 4711
WINTER HAVEN FL 33885-4711

Mailing Address
P.O. BOX 4711
WINTER HAVEN FL 33885-4711

3. Date Incorporated or Qualified
11/07/1996

3a. Date of Last Report

2. Principal Place of Business
21 1823 Cypress Gdns Blvd
Suite, Apt #, etc.

2a. Mailing Address
26 1823 Cypress Gdns Blvd
Suite, Apt #, etc.

4. FEI Number
69-0711233

Applied For
Not Applicable

22 City & State
23 Winter Haven, FL

27 City & State
28 Winter Haven, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 33884 25 USA

29 33884 30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

DAVIS, MICHAEL
1823 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33884-1959

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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. 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 signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GALLAGHER, JOHN J JR
STREET ADDRESS 18 ARROW STREET
CITY-ST-ZIP MIDDLETON MA 01949

TITLE D ☐ DELETE
NAME GALLAGHER, JOHN J SR
STREET ADDRESS 18 ARROW STREET
CITY-ST-ZIP MIDDLETON MA 01949

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
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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

John Gallagher Jr.

Date

1/17/97

Daytime Phone #

9413246320

CR2E034 (9/96)