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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000013216 (1)

JDC MANAGEMENT SERVICES, INC.

## **FILED** Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						r 1881/1881 118 1811/1 1861/1 861/1 851/1 851/1 851/1 181/6 11/8 (11/8 11/8 11/8 11/8 11/8 11/8 11/
4806 ESPERANZA AVENUE TAMPA FL 33611		4806 ESPERANZA AVENUE TAMPA FL 33611				·
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
9 Principal P	Place of Business	2a. Mailing Address				02/10/1997 4. FEI Number _ Applied For
21	lade of Educatess	- <del> </del>	26			<b>593437043</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				SR 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country	Zip Cou		intry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	t Registered Agent		81	N	10. Name and Address of New Registered Agent
LOPEZ, AL R JR				ן יס	Name	
	00 WEST CYPRESS ST STE 500			82	Street Addr	ress (P.O. Box Number is Not Acceptable)
TAI	MPA FL 33807			83		
				B4	City	BS Zip Code
				1	•	FL   T
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 (NOIE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	, Age	in egnature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	O PRESIDENT	DELETE	11 10	TLE.		Change Addition
NAME	COLLINS, JUNE D		1.2 NA	ME		
STREET ADDRESS	4444 PARIN 444PA 444PA 44		1.3 ST	REET.	ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611		1.4 CI	TY-S1	T - Z(P	
TITLE	VICE PRESIDENT DELETE		2.1 TH	2.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, RAY F.		2.2 NAME		-	
STREET ADDRESS	4406 Esperanza AV	e	2.3 STREET A		ADDRESS	
CITY-ST-ZIP	1Ampa, FL 33611		2. 4 CITY		T-ZIP	
TITLE	,	☐ DELETE				Change Addition
NAME			3.2 NA			
STREET ADDRESS			3.3 STREET ADDRESS		- 1	
CITY-ST-ZIP		D DCI CTC	3.4. CITY-ST-ZIP		T-ZIP	Change Addition
TITLE NAME		L_J DELETE	4.1 TITLE 4.2 NAM			L Change L. Addition
NAME STREET ADDRESS					ADDRECE	
			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE			5.1 TH		- 411	Change Addition
NAME			5.2 NAME			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 CII			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET	adoress	
CITY-ST-ZIP			6.4 CITY - ST - ZIF			
44 11 1	THE RESERVE OF THE PARTY OF THE					Continue 440 07/0/() Florido Statutas I fruther partifu that the information

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 of on an attachment with an address. [JUNE D. COLLINS]