

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000091018

1. Corporation Name  
JEDE CORPORATION, INC.

Principal Place of Business  
2919 WEST BAY DRIVE  
BELLEAIR BLUFFS FL 33770

Mailing Address  
2919 WEST BAY DRIVE  
BELLEAIR BLUFFS FL 33770

FILED

99 NOV - 1 AM 10: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3/17/99 90096 030 \$ 150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/26/1998

4. FEI Number  
59-3538950

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 Clearwater Beach, FL

Suite, Apt. #, etc.

22 530 S. Gulfview Blvd

City & State

23 Clearwater Beach, FL

Zip

24 33767

Country

25 Pinellas

2a. Mailing Address

26 530 Gulfview Blvd

Suite, Apt. #, etc.

27

City & State

28 Clearwater Beach

Zip

29 33767

Country

30 Pinellas

9. Name and Address of Current Registered Agent

PLATTE, DAVID E  
603 INDIAN ROCKS ROAD  
BELLEAIR FL 33756

81 Name

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

83 REINSTATEMENT

84 Zip Code

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	300003040243-9
NAME	WELLS, DEBORAH	1.2 NAME	-11/09/99-01083-011
STREET ADDRESS	2919 WEST BAY DRIVE	1.3 STREET ADDRESS	***\$600.00 ***\$600.00
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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

Date

Daytime Phone #

CR2E034 (5/99)