

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY 11 AM 10:25

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S01541 (9)

**1. Corporation Name
J&DCS ENTERPRISES, INC.**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**2. Principal Place of Business
100 E FLORIDA AVE
MELBOURNE FL 32901
US**

**3. Mailing Address
1720 VALLEY RD
MALABAR FL 32950
US**

**21. Telephone Number (Area Code and Number)
22. Telephone Number (Area Code and Number)
23. Telephone Number (Area Code and Number)
24. Telephone Number (Area Code and Number)**

**25. Mailing Address
26. Mailing Address
27. Mailing Address
28. Mailing Address
29. Mailing Address
30. Mailing Address**

**3. Date of Last Report
09/21/1990**

**3a. Date of Last Report
05/01/1994**

**4. FIC Number
59-3028082**

5. Certificate of Status (Desires) \$8.75 Additional Fee Required

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

8. This corporation has liability for franchise tax under S. 194.012, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**LAMB, DONNA P.
1720 VALLEY RD
MALABAR FL 32950**

10. Name and Address of New Registered Agent

**B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
FL B5. Zip Code**

11. Pursuant to the provisions of Sections 607.010(1) and 607.150(8), 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 a registered agent. Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
P NAME: LAMB, DONNA P. STREET ADDRESS: 1720 VALLEY RD CITY: MALABAR FL	1. NAME 2. STREET ADDRESS 3. CITY: FL, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S NAME: LAMB, DONNA P. STREET ADDRESS: 1720 VALLEY RD CITY: MALABAR FL	4. NAME 5. STREET ADDRESS 6. CITY: FL, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T NAME: LAMB, DONNA P. STREET ADDRESS: 1720 VALLEY RD CITY: MALABAR FL	7. NAME 8. STREET ADDRESS 9. CITY: FL, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP NAME: LAMB, W. JOHN STREET ADDRESS: 1720 VALLEY RD CITY: MALABAR FL	10. NAME 11. STREET ADDRESS 12. CITY: FL, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: STREET ADDRESS: CITY: FL, ZIP	13. NAME 14. STREET ADDRESS 15. CITY: FL, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: STREET ADDRESS: CITY: FL, ZIP	16. NAME 17. STREET ADDRESS 18. CITY: FL, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.011(1)(b), Florida Statutes. I further certify that the information supplied 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. If an officer or director for 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 of this filing, or on an attached form, with an address.

SIGNATURE: Donna P. Lamb Donna P. Lamb 5-5-95 407-676-3824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR