

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S01541 (9)

1. Corporation Name

J&DCS ENTERPRISES, INC.



Principal Place of Business

100 E FLORIDA AVE
MELBOURNE FL 32901
US

Mailing Address

~~1720 VALLEY RD~~ 2605 Ornamental Lane
~~MALABAR FL 32950~~ Hoover, AL
US 35226

3. Date Incorporated or Qualified

09/21/1990

3a. Date of Last Report

05/11/1995

2. Principal Place of Business

2a. Mailing Address

21 100 E Florida Ave

26 2605 Ornamental Lane

4. FEI Number

59-3028082

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Melbourne FL

28 Hoover AL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32901

25 US

29 35226

30 US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMB, DONNA P.
1720 VALLEY RD
MALABAR FL 32950

81 Name

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

203 Driskell St.

83

84 City

Palm Bay

FL

85 Zip Code

32907

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 firm, if applicable. (401) - Registered Agent Signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS LAMB, DONNA P
CITY-ST-ZIP 1720 VALLEY RD
MALABAR FL

TITLE ☐ DELETE
NAME S
STREET ADDRESS LAMB, DONNA P.
CITY-ST-ZIP 1720 VALLEY RD
MALABAR FL

TITLE ☐ DELETE
NAME T
STREET ADDRESS LAMB, DONNA P.
CITY-ST-ZIP 1720 VALLEY RD
MALABAR FL

TITLE ☐ DELETE
NAME VP
STREET ADDRESS LAMB, W. JOHN
CITY-ST-ZIP 1720 VALLEY RD
MALABAR FL

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

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Donna P. Lamb, Donna P. Lamb 4-24-96 205-823-9618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)