FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S07025** **(7)**

1. Corporation Name
JEDD, INC.

Principal Place of Business	Mailing Address
BOX 745 BOBCAYGEON, ONTARIO CANADA K0M1A0	BOX 745 BOBCAYGEON, ONTARIO CANADA K0M1A0

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1990**	3a. Date of Last Report: **08/19/1994**
4. FEI Number: **NOT APPLICABLE**	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

HOUNSOM, SUSAN
315 FLAGLER AVENUE
NEW SMYRNA BEACH FL 32169-2638

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 _____ DATE
Signature of new registered agent (if changing) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	DEVOLIN, DARREL	12 NAME	
STREET ADDRESS	293 RIVERSIDE DRIVE, BOX 745	13 STREET ADDRESS	
CITY ST ZIP	BOBCAYGEON, ONTARIO, CANADA	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DEVOLIN, V. ELAINE	22 NAME	
STREET ADDRESS	1 BALSAM PARK AVENUE	23 STREET ADDRESS	
CITY ST ZIP	BOBCAYGEON, ONTARIO, CANADA	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DEVOLIN, JENNIFER	32 NAME	
STREET ADDRESS	1 BALSAM PARK AVENUE	33 STREET ADDRESS	
CITY ST ZIP	BOBCAYGEON, ONTARIO, CANADA	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DEVOLIN, JEFFREY E	42 NAME	
STREET ADDRESS	1 BALSAM PARK AVENUE	43 STREET ADDRESS	
CITY ST ZIP	BOBCAYGEON, ONTARIO, CANADA	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: W. G. Devolin April 19 1995 705 738-4986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E018 (1/95) IN