

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

FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S08323 (5)

1. Corporation Name
JODON DESIGN COMMUNICATIONS, INC.



Principal Place of Business

40178 US 19 NORTH
TARPON SPRINGS FL 34689
US

Mailing Address

P. O. BOX 431
P O BOX 896
PALM HARBOR FL 34882-0996
US

3. Date Incorporated or Qualified
10/22/1990

3a. Date of Last Report
04/03/1996

2. Principal Place of Business

21 3234 ELLA LANE

Suite, Apt. #, etc.

22

City & State

23 NEW PORT RICHEY

Zip

24 34655

Country

25 CIS

2b. Mailing Address

26 PO BOX 984

Suite, Apt. #, etc.

27

City & State

28 ELFRS

Zip

29 34680

Country

30 US

4. FEI Number

59-3037409

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

9. Name and Address of Current Registered Agent

WISMAN-LAMB, JODY
1712 MARINER WAY
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

LAMB, JODY

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

3234 ELLA LANE

83

84 City

NEW PORT RICHEY FL

85 Zip Code

34655

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

Jody Lamb

JODY LAMB, PRESIDENT

24 JAN 97

Signature of president or principal officer of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WISMAN-LAMB, JODY
STREET ADDRESS 1712 MARINER WAY
CITY-ST-ZIP TARPON SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME LAMB, JODY
1.3 STREET ADDRESS 3234 ELLA LANE
1.4 CITY-ST-ZIP NEW PORT RICHEY FL 34655

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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:

Jody Lamb

PRESIDENT

24 JAN 97 376-0705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)