

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

FILED

Feb 03 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 # **S56943** (1)

1. Corporation Name  
**JERDAN INVESTMENTS, INC.**

Principal Place of Business  
**6273 DUPONT STATION CT  
JACKSONVILLE FL 32217-2567**

Mailing Address  
**6273 DUPONT STATION CT  
JACKSONVILLE FL 32217-2567**



2. Principal Place of Business  
21 **4092 CORRIENTES ST. J.**

Suite, Apt. #, etc.

22  
City & State  
23 **JACKSONVILLE FL**

Zip  
24 **32217-4311**

Country

25 **DUVAL**

2a. Mailing Address  
26 **4092 CORRIENTES ST. J.**

Suite, Apt. #, etc.

27  
City & State  
28 **JACKSONVILLE FL**

Zip  
29 **32217-4311**

Country

30 **DUVAL**

3. Date Incorporated or Qualified  
**06/03/1991**

3a. Date of Last Report  
**01/25/1996**

4. FEI Number  
**59-3068924**

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

**SCHEMER, GERALD E.  
6273 DUPONT STATION CT 4092 CORRIENTES ST. J.  
JACKSONVILLE FL 32217-2567 4311**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
COHEN, DANIEL N.  
11 WILDERNESS TRAIL S  
PONTE VEDRA FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DST  
SCHEMER, GERALD E  
6273 DUPONT STATION CT  
JACKSONVILLE FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
**AD  
COHEN, DANIEL  
11 WILDERNESS TRAIL S  
JACKSONVILLE, FL PONTE VEDRA FL 32082**

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
**DST  
SCHEMER, GERALD E.  
4092 CORRIENTES ST. J.  
JACKSONVILLE, FL 32217-4311**

☒ 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: **Gerald E. Schemer** **GERALD E. SCHEMER** 01-28-97 904-733-4668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0036269

CR2E034 (9/96)