

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 # S60926 (0)

1. Corporation Name  
JDMC, INC.



Principal Place of Business

1946 PARENTAL HOME RD.  
C  
JACKSONVILLE FL 32216  
US

Mailing Address

1946 PARENTAL HOME RD.  
C  
JACKSONVILLE FL 32216  
US

3. Date Incorporated or Qualified  
06/20/1991

3a. Date of Last Report  
03/20/1995

2. Principal Place of Business

21. c/o Dennis C. Harms  
Suite, Apt. #, etc.

22. 1221 Westdale Drive  
City & State

23. Jacksonville, Fl.

24. Zip 32211-5786 Country Duval

2a. Mailing Address

26. P. O. Box 57028  
Suite, Apt. #, etc.

27. City & State  
28. Jacksonville, Fl.

29. Zip 32241-7028 Country Duval

4. FEI Number  
59-3143580

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

DRUMMOND, W. JOHN  
1946 PARENTAL HOME RD.  
SUITE C  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)  
11125 Stowe Cottage Lane

83.

84. City Jacksonville FL 85. Zip Code 32223

11. Pursuant to the provisions of Sections 607.002 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 of Registered Agent (Typed or Printed Name of Registered Agent and Title if Applicable)

(NOTE: Registered Agent signature required when reinstating)

Date

1/31/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	DRUMMOND, W. J	11125 STOWE COTTAGE LANE JACKSONVILLE FL	
DVS	MCCORMICK, JAMES D	46 PHILLIPS AVE. PONTE VEDRA BCH. FL	
DT	DRUMMOND, LORRAINE	1125 STOWE COTTAGE LANE JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
1.1			
1.2			
1.3			
1.4			32223
2.1			
2.2			
2.3			
2.4			32082
3.1			
3.2			
3.3		11125 Stowe Cottage Lane	
3.4		Jacksonville, Fl.	32223
4.1			
4.2			
4.3			
4.4			
5.1			
5.2			
5.3			
5.4			
6.1			
6.2			
6.3			
6.4			

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 or on an attachment with an address.

SIGNATURE: *W. John Drummond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 2683288  
Date Date/Time Phone #

CR2E034 (12/95)