

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S68314

(1)

1. Corporation Name

JD COMMUNIKATERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:07

Principal Place of Business

5279 ISLA KEY BLVD.
SUITE 110
ST. PETERSBURG FL 33715

Mailing Address

5279 ISLA KEY BLVD.
SUITE 110
ST. PETERSBURG FL 33715

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/24/1991	3a. Date of Last Report 01/24/1994
4. FBI Number 59-3077656	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.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

KATER, GUILFORD C.
5279 ISLA KEY BLVD.
SUITE 110
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when restoring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	KATER, GUILFORD C.	1.2 NAME	
STREET ADDRESS	5279 ISLA KEY BLVD, #110	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	VTS	2.1 TITLE	☐ Change ☐ Addition
NAME	KATER, JOYCE A.	2.2 NAME	
STREET ADDRESS	5279 ISLA KEY BLVD, #110	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	EV	3.1 TITLE	☐ Change ☐ Addition
NAME	SWANSON, EDWIN	3.2 NAME	
STREET ADDRESS	936 CEDAR LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTHBOOK IL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BYRNE, KENNETH	4.2 NAME	
STREET ADDRESS	2350 DEVIL'S BACKBONE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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: *Guilford C. Kater* 1-14-95 (813) 866-9524
Typed Name and Title of Signing Officer or Director