

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90255 013 *****8.75
03-01-1999 90255 014 ***150.00

DOCUMENT # S68314

1. Corporation Name
JD COMMUNIKATERS, INC.

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

4. FEI 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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 25 - 2ND ST. N

Suite, Apt. #, etc.

22 120

City & State

23 ST. PETERSBURG FL

Zip

24 33701

Country

25 PINELLAS

2a. Mailing Address

26 P.O. BOX 58142

Suite, Apt. #, etc.

27

City & State

28 ST. PETERSBURG FL

Zip

29 33715-8142

Country

30 PINELLAS

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

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

Guilford C. Kater

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME KATER, GUILFORD C.
STREET ADDRESS 5279 ISLA KEY BLVD, #110
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VT ☐ DELETE
NAME KATER, JOYCE A.
STREET ADDRESS 5279 ISLA KEY BLVD, #110
CITY-ST-ZIP ST. PETERSBURG FL

TITLE EV ☐ DELETE
NAME SWANSON, EDWIN
STREET ADDRESS 936 CEDAR LANE
CITY-ST-ZIP NORTHBOOK IL

TITLE S ☐ DELETE
NAME BYRNE, KENNETH
STREET ADDRESS 2350 DEVIL'S BACKBONE ROAD
CITY-ST-ZIP CINCINNATI OH

TITLE D ☐ DELETE
NAME SWANSON, BARBARA
STREET ADDRESS 936 CEDAR LANE
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE DIRECTOR ☐ DELETE
NAME KATER, G. CHRISTOPHER
STREET ADDRESS 5636 EASTBOURNE DR
CITY-ST-ZIP SPRINGFIELD, VA 22151

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

14. I 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, with all other like empowered.

SIGNATURE: *Joyce A. Kater* JOYCE A. KATER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

727-823-9595

Daytime Phone #

0411584

CR2E034 (11/98)