SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9: 12

DOCUMENT # V48530 (2)

1. Corporation Name

JAMD, INC.

Principal Place of Business	Mailing Address
1011 SE 27TH ST. CAPE CORAL FL 33904-2921 US	1011 SE 27TH ST CAPE CORAL FL 33904-2921 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 06/29/1992
3a. Date of Last Report: 07/28/1994
4. FEI Number: 65-0390613 ☐ 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	10. Name and Address of New Registered Agent
LEITCH, DOLORES A. 1011 SE 27 ST CAPE CORAL FL 33904	81 Name: ANDREW S. LEITCH 82 Street Address (P.O. Box Number is Not Acceptable): 1011 S.E. 27th Street 83 84 City: Cape Coral FL 85 Zip Code: 33904

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: Andrew S Leitch (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 1 TITLE	D/PRES/TREASURER	☒ Change ☐ Addition
NAME	LEITCH, DOLORES A.	1 2 NAME	LEITCH, ANDREW S.	
STREET ADDRESS	1011 SE 27 ST	1 3 STREET ADDRESS	1011 SE 27th Street	
CITY ST ZIP	CAPE CORAL FL	1 4 CITY ST ZIP	Cape Coral, FL. 33904	
TITLE	DPV	2 1 TITLE	D/VICE PRESIDENT	☒ Change ☐ Addition
NAME	LEITCH, ANDREW S.	2 2 NAME	LEITCH, JENNIFER A.	
STREET ADDRESS	1011 SE 27 ST	2 3 STREET ADDRESS	1011 SE 27th Street	
CITY ST ZIP	CAPE CORAL FL	2 4 CITY ST ZIP	Cape Coral, FL. 33904	
TITLE	DS	3 1 TITLE	D/SECRETARY	☒ Change ☐ Addition
NAME	LEITCH, MICHELLE F.	3 2 NAME	LEITCH, MICHELLE F.	
STREET ADDRESS	1011 SE 27 ST	3 3 STREET ADDRESS	1011 SE 27th Street	
CITY ST ZIP	CAPE CORAL FL	3 4 CITY ST ZIP	Cape Coral, FL 33904	
TITLE	DT	4 1 TITLE		☐ Change ☐ Addition
NAME	LEITCH, JENNIFER A.	4 2 NAME		
STREET ADDRESS	1011 SE 27 ST	4 3 STREET ADDRESS		
CITY ST ZIP	CAPE CORAL FL	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		

CR2E034 (3/95)

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: Andrew S Leitch (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 6/14/95 Daytime Phone #

0160620 FP