

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

FILED  
Jun 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **V53400**

(0)

1. Corporation Name

**J.D.A. CONTRACTING CORP.**

Principal Place of Business

**8845 SE ROBWN CT  
HOBE SOUND FL 33455  
US**

Mailing Address

**PO BOX 1906  
HOBE SOUND FL 33475-1906  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/23/1992**

4. FEI Number

**65-0351944**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 8830 SE ROBWN ST.**

Suite, Apt. #, etc.

**22**  
City & State

**23 HOBE SOUND, FL**

Zip Country

**24 33455 25 MARTIN**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip Country

**29 30**

9. Name and Address of Current Registered Agent

**GORMAN, DAVID L.  
618 U.S. HWY. ONE  
SUITE 303  
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

**81** Name

**Sheila DeRigo**

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

**7406 SE CRAIG ST.**

**83**

**84** City

**HOBE SOUND**

**FL**

**85** Zip Code

**33455**

11. Pursuant to the provisions of Sections 607.0500 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

*Sheila DeRigo*  
Signature (typed or printed name of registered agent and filed applicable)

**Sheila DeRigo, President**

**6/4/98**

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DERIGO, SHEILA M	
STREET ADDRESS	7406 SE CRAIG ST	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	DERIGO, JOHN S	
STREET ADDRESS	7406 SE CRAIG ST	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WINKLER, DILLARD T	
STREET ADDRESS	3397 SW 18 ST	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

*Sheila DeRigo*  
Signature (typed or printed name of registered agent and filed applicable)

**6/4/98**

**561-545-3322**

CR2E034 (10/97)