Apr 15, 1999 8:00 am Secretary of State

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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

DOCUMENT # **V55063**

1. Corporation Name

J-KEDS DIVERSIFIED SERVICES, INC.

ROCKLEDGE FL 32955

JOINER, CHENITA

2202 MERCER DR.

OWENS, LOUISE M.

3910 MAGNOLIA CT

JOINER, WILLIE J.

3835 CATALINA DR

COCOA FL

COCOA FL

Principal Place of Business So BurnetT RD So BurnetT RD COCOA FL 9296 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Ory 70,011992 OCCOA FL 9296 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Ory 70,011992 OCCOA FL 9296 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Ory 70,011992 OCCOA FL 9296 OCCOA FL 92												
COCOA FL 32926 COCOA FL 32926 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3273823 Not Applicable For Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 City & State City & State City & State 28 Country 29 Country 20 Country 20 Country 21 Country 21 Country 22 Country 25 Country 26 8. This corporation owes the current year intangible Personal Property Tax. Personal Property Tax. Since Address of New Registered Agent 10. Name and Address of New Registered Agent JOINER, WILLIE H. 2202 MERCER DR. COCOA FL 32926 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, the aboven-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE Signature, speed or prised name or registered agent and tiller 7 expensive. Provisions of Sections 607.0502 and 607.0502 and 607.0503 as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE Signature, speed or prised name or registered agent and tiller 7 expensive. Provisions of Sections 607.0502 and 607.0503 and	Principal Plac	e of Business	Mailing Address) Idail Bisadi Bita) Bisit Batta attes tim Athir t	1911 916) 	un alais 1461		
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24	23 =							Trust Fund Contribution		idded to	Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY. ST. ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. AMME 18. Street Address (P.O. Box Number is Not Acceptable) 18. City 18. City 19. DATE 10. DATE 11. TITLE 10. Change Addition 12. OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY. ST. ZIP 15. COCOA FL 15. STREET ADDRESS 15. COCOA FL 16. Change Addition 15. Change Ad	Zip				-			-			EZIA1-	
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STREET ADDRESS 889 SPIREA DR. 33 STREET ADDRESS	·					ADDRESS			-			

COCOA FL 6.4 CITY-ST-ZIP 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 of 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 charged, or on an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4,3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4,1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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