

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 293297 (8)

1. Corporation Name
JACK M. BERRY, INC.



Principal Place of Business: **EAGLE LAKE LOOP RD.(WINTER HAVEN) P.O. BOX 459 LABELLE FL 33935**
Mailing Address: **EAGLE LAKE LOOP RD.(WINTER HAVEN) P.O. BOX 459 LABELLE FL 33935**

3. Date Incorporated or Qualified: **05/26/1965** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1095295** 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: [21] Sub: Apt. #, etc: [22] City & State: [23] Zip: [24] Country: [25]
2a. Mailing Address: [26] Sub: Apt. #, etc: [27] Attn: **Kathy McDaniel** City & State: [28] **LaBelle FL** Zip: [29] **33935** Country: [30] **US**

9. Name and Address of Current Registered Agent

**BERRY, JACK M
HWY 80 WEST
LABELLE 33935**

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 607.0402 and 607.1506, 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

Signature of the person who is a registered agent for the corporation Date of Signature

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	MCDANIEL, KATHY	
STREET ADDRESS	270 LIVE OAK LANE	
CITY-ST-ZIP	LABELLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERRY, RUTH N	
STREET ADDRESS	1320 LAKE MIRROR TERR	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BERRY, JACK M	
STREET ADDRESS	1320 LAKE MIRROR TERR	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERRY, JACK M JR	
STREET ADDRESS	1945 8TH TERRACE, S.E.	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHERT, HOLLY B.	
STREET ADDRESS	EAGLE LAKE LOOK ROAD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, HUGH J. JR.	
STREET ADDRESS	HWY 80 - 5 MILES WEST	
CITY-ST-ZIP	LABELLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Sellers, Calvin C. JR	
13 STREET ADDRESS	Hwy 80, West	
14 CITY-ST-ZIP	LaBelle FL 33935	
21 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Saxon, Nancy S	
23 STREET ADDRESS	Hwy 80, West	
24 CITY-ST-ZIP	LaBelle FL 33935	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(c), 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 or person 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:

Kathy H. McDaniel

Kathy H. McDaniel, Secretary January 17, 1996

(941)675-2769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)