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**Mar 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **P O BOX 459 ATTN: KATHY MC DANIEL LABELLE FL 33975-0459 US**

3. Date Incorporated or Qualified: **05/26/1965**
3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business: **21**
Suite, Apt. #, etc: **22**
City & State: **23**
Zip: **24** Country: **25**
2a. Mailing Address: **26** P.O. Box 5609
Suite, Apt. #, etc: **27** Attn: Kathy McDaniel
City & State: **28** LaBelle Fl
Zip: **29** 33880 Country: **30** USA

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

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 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

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 checked="" 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

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 checked="" type="checkbox"/> Addition
6.2 NAME	D Kemper, WE
6.3 STREET ADDRESS	3655 SR 80 West
6.4 CITY-ST-ZIP	Alva FL 33920

14. I do 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.

SIGNATURE: **Kathy H. McDaniel** 1/3/97 941/324-4988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)