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Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 293297 (8)
 1. Corporation Name
JACK M. BERRY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business EAGLE LAKE LOOP RD.(WINTER HAVEN) P.O. BOX 459 LABELLE FL 33935		Mailing Address PO BOX 5609 ATTN: KATHY MCDANIEL LABELLE FL 33880 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/26/1965	4. FEI Number 59-1095295
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Applied For Not Applicable
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip Country	28. Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent
**BERRY, JACK M
 HWY 80 WEST
 LABELLE FL 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> DELETE
NAME	BERRY, RUTH N	
STREET ADDRESS	1320 LAKE MIRROR TERR	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	CD	<input checked="" 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	KEMPER WE	
STREET ADDRESS	3655 SR 80TH WEST	
CITY-ST-ZIP	ALVA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	344 Lake Daisy Circle
1.4 CITY-ST-ZIP	Winter Haven, FL 33884
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sellers, Calvin C
2.3 STREET ADDRESS	400 Eagle Lake Loop Road
2.4 CITY-ST-ZIP	Winter Haven, FL 33880
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CPD
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.

SIGNATURE:  **Kathy McDaniel** 1/7/98 (941)324-4988

CP2E034 (10/97)