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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90197 040 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 293297

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

PO BOX 5609
 ATTN: KATHY MCDANIEL
 LABELLE FL 33880
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1965

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERRY, JACK M
HWY 80 WEST
LABELLE FL 33935

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME **S MCDANIEL, KATHY**
 STREET ADDRESS **344 LAKE DAISY CIR**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

1.1 TITLE Change Addition

TITLE DELETE

NAME **D SELLERS, CALVIN C**
 STREET ADDRESS **400 EAGLE LAKE LOOP RD**
 CITY-ST-ZIP **WINTER HAVEN, FL 00000 33880**

2.1 TITLE Change Addition

TITLE DELETE

NAME **CPD BERRY, JACK M JR**
 STREET ADDRESS **1945 8TH TERRACE, S.E.**
 CITY-ST-ZIP **WINTER HAVEN, FL 00000**

3.1 TITLE **CD** Change Addition

TITLE DELETE

NAME **D RICHERT, HOLLY B.**
 STREET ADDRESS **EAGLE LAKE LOOK ROAD**
 CITY-ST-ZIP **WINTER HAVEN FL**

4.1 TITLE Change Addition

TITLE DELETE

NAME **D KEMPER WE**
 STREET ADDRESS **3655 SR 80TH WEST**
 CITY-ST-ZIP **ALVA FL**

5.1 TITLE **DP** Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Kathy H. McDaniel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 (941)324-4999, ext. 235

Date

Daytime Phone #

CR2E034 (1/198)