

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:35

DOCUMENT # 358725

(0)

1. Corporation Name

JARRETT SHOP BUILDERS INC

Principal Place of Business

9218 N PALAFOX
PENSACOLA FL 32534

Mailing Address

9218 N PALAFOX
PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1970

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1285516

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, CALVIN E
400 E. 10 MILE RD.
PENSACOLA FL 32534

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 of agent (if applicable)

(NOTE: Registered Agent signature required when corporation is changed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	JACKSON, CALVIN E
STREET ADDRESS	400 E. 10 MILE RD.
CITY- ST- ZIP	PENSACOLA FL
TITLE	VD
NAME	JACKSON, JARRETT E
STREET ADDRESS	460 E. 10 MILE RD.
CITY- ST- ZIP	PENSACOLA FL
TITLE	STD
NAME	JACKSON, SUE H
STREET ADDRESS	400 E. 10 MILE RD.
CITY- ST- ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
21. TITLE	☒ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	2912 Molino Road
24. CITY- ST- ZIP	Molino, Florida 32577
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemptions stated in Sections 119.07(2)(b), 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. 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:

Jarrett Jackson V.P.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95

(904) 476-5675

Date

Telephone Number