## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 587250

(2)

JACK'S CONSTRUCTION, INC.

## FILED Mar 20 1998 8:00am Secretary of State

	g Address			in minit minit 81811 niait 81811 niait 1981	
	<del>"S. Peninsula</del> <del>ER Dy The Oba</del> "Fl 32127	7	•		
17 Raintree Dr 17			DO NOT WRITE	IN THIS SPACE	
	ct orange F	= kz	3. Date Incorporated or Qualified		
Port Orange The 32127	,391	17.)	09/21/1978		
lamini a d	ailing Address		4. FEI Number	Applied For	
21 MR Quintice Dr 26	17 Kainti	(ee pr	59-1859919	Not Applicable	
<u> </u>	iite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	ly & State		s Floation Compaign Financing	<del></del>	
	oct Oanu	-1-le	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country Zi	D (	Country	8. This corporation owes or has pa	<del></del>	
24 32127 25 Velus ic 29	30 KU L S	Volus ia	Personal Property Tax due June		
g. Name and Address of Current Register	ed Agent		10. Name and Address of New Re	gistered Agent	
PARSON, WILLIAMS		81 Name			
2001 SOUTH RIDGEWOOD AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)			
SOUTH DAYTONA FL 32119					
		83			
		84 City		85 Zip Code	
11. Pursuant to the provisions of Sections 607 0502 and 607.	1500 Elevide Statutes the	a about named or	recording submits this statement for the s	FL 00 Exp code	
office or registered agent, or both, in the State of Florida	Such change was author	rized by the corpor	ration's board of directors. I hereby accep	ot the appointment as registered	
agent. Familiar with, and accept the obligations of, Si	ection 607.0505, Florida 8	Statutes.			
SIGNATURE  Signature, typed or printed name of registered agent and title if ap	plicable (NOTE: Regis	stered Agent signature rec	quired when reinstating)	DATE	
12. OFFICERS AND DIRECTO	RS 1	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12	
TIFLE PD	☐ DELETE 1.	.1 TITLE	P.D	Change Addition	
NAME HAIGHT, JOHN W	- Raj 1	.2 NAME	John HORD >		
STREET ADDRESS 4050 S. PENINSULA MAIN BLID BY THE SEA FI FE (+ 0 CC )	we Fly 1	.3 STRFET ADDRESS	II RAINTIE		
CITY-ST-ZIP	3 3717 1	.4 CITY-ST-ZIP	Port orange Mu	- 32121	
TITLE STD NAME HAIGHT, SHARON LEE	_	.1 TITLE	11 a of Sheron Leve	☐ Change ☐ Addition	
	44. UC -	.2 NAME	17 Rainfree D		
UNIDID BY THE CEAEL POIT OCC	1982 2 7117 2	3 STREET ADDRESS	Post Orans Ph	39127	
TITLE		. 4 CITY-ST-ZIP	8	☐ Change ☐ Addition	
NAME	_	.2 NAME			
STREET ADDRESS		3 STREET ADDRESS			
CITY-ST-ZIP		.4. CITY-ST-ZIP			
TITLE		.1 TITLE		Change Addition	
NAME	4.	. 2 NAME			
STREET ADDRESS	4.	.3 STREET ADDRESS			
CITY-ST-ZIP	4.	.4 CITY-ST-ZIP			
TITLE	DELETE 5.	.1 TITLE		Change Addition	
NAME	5.	.2 NAME			
STREET ADDRESS	5.	.3 STREET ADDRESS			
CITY-ST-ZIP		.4 CITY-ST-ZIP			
TUTLE		.1 TITLE		☐ Change ☐ Addition	
NAME		2 NAME			
STREET ADDRESS		3 STREET ADDRESS			
CITY-ST-ZIP	6	4 CITY-ST-ZIP	- 0 - 0 - 140 07/0V/V F(-UH- 0) - 140 07/0V/V		

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 ampowered 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.

2-17-99