

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 12:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 601942 (6)

1. Corporation Name

LAW OFFICES OF ROBERT JACKSON, P.A.

Principal Place of Business

**2165 - 15TH AVENUE
VERO BEACH FL 32960**

Mailing Address

**2165 - 15TH AVENUE
VERO BEACH FL 32960**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created

02/12/1970

3a. Date of Last Report

04/20/1994

4. FEI Number

59-1289972

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 that state use under the Florida Statutes

☐ Yes ☒ No

2. (If newly incorporated)

21

2a. Mailing Address

26

State Apt. # etc.

22

State Apt. # etc.

27

City & State

23

City & State

28

Year

24

Month

25

Day

29

Year

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, ROBERT
2165 15TH AVE
VERO BEACH FL 32960**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. I, the undersigned, the president of the corporation, do hereby certify that 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 607.09, Florida Statutes.

SIGNATURE

(If the corporation is a corporation, the signature must be of a duly authorized officer or director.)

(If the corporation is a partnership, the signature must be of a partner or authorized agent.)

(If the corporation is a limited liability company, the signature must be of a member or authorized agent.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	PD JACKSON, ROBERT
STREET ADDRESS	2165-15TH AVE
CITY, STATE, ZIP	VERO BEACH FL
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.09, 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 partner or authorized agent of the corporation and that my signature is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE

Robert Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/28/95 407-5674355