FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 18 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **851347** **(5)**

1. Corporation Name
JAMES S. JACKSON CO., INC.

Principal Place of Business
120 HARVEST ROAD
P.O. BOX 455
BULFFTON IN 46714

Mailing Address
120 HARVEST ROAD
P.O. BOX 455
BULFFTON IN 46714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/21/1981**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **35-1130026** 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
(Name of Agent) (Signature of Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, JAMES D	1.2 NAME	
STREET ADDRESS	3287 E. 200 SOUTH	1.3 STREET ADDRESS	
CITY, ST, ZIP	BLUFFTON IN	1.4 CITY, ST, ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, THOMAS K	2.2 NAME	
STREET ADDRESS	412 S. MAIN	2.3 STREET ADDRESS	
CITY, ST, ZIP	BLUFFTON IN	2.4 CITY, ST, ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, THOMAS K	3.2 NAME	
STREET ADDRESS	412 S. MAIN	3.3 STREET ADDRESS	
CITY, ST, ZIP	BLUFFTON IN	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, JAMES S.	4.2 NAME	
STREET ADDRESS	1950 S. 350 E.	4.3 STREET ADDRESS	
CITY, ST, ZIP	BLUFFTON IN	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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: Jim D. Jackson JAMES D. JACKSON, PRESIDENT 4/21/95 219 824-0918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FN