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CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

50 FEB 27 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051748 (9)

1. Corporation Name

JACK BREEN COMPANY

Principal Place of Business

1330 HENDRIX ROAD
TALLAHASSEE FL 32301

Mailing Address

P.O. BOX 5378
TALLAHASSEE FL 32314-5378

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1994	3a. Date of Last Report
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 5378
22 City & State	27 TALLAHASSEE, FL
23 Zip Country	28 32314
24 Country	29 FL
25 Country	30 FL

9. Name and Address of Current Registered Agent

**DIESTELHORST, JACK
2701 EVERETT LANE
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 resigning) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME Jack Diestelhorst	1.2 NAME		
STREET ADDRESS 2701 Everett Lane	1.3 STREET ADDRESS		
CITY, ST, ZIP Tallahassee, FL 32312	1.4 CITY, ST, ZIP		
TITLE Chief Operating Officer	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME Debra Diestelhorst	2.2 NAME		
STREET ADDRESS 1113 Savannah Trace	2.3 STREET ADDRESS		
CITY, ST, ZIP Tallahassee, FL 32312	2.4 CITY, ST, ZIP		
TITLE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY, ST, ZIP	3.4 CITY, ST, ZIP		
TITLE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY, ST, ZIP	4.4 CITY, ST, ZIP		
TITLE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY, ST, ZIP	5.4 CITY, ST, ZIP		
TITLE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 199.032, Florida Statutes. I further certify that the information submitted 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 liquidator employed to prepare this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I file this attachment with an address:

SIGNATURE: Jack Diestelhorst, Pres. 2/22/95 904 656-3028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR