

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

**FILED**

**Jun 04 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000102663 (6)**  
1. Corporation Name  
**SOUTH BAY JACKSON FAMILY, INCORPORATED**



Principal Place of Business <b>265 SW 11TH AVE. S. BAY FL 33493</b>	Mailing Address <b>265 SW 11TH AVE. S. BAY FL 33493</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>265 SW 11th Ave</b> Suite, Apt #, etc. 22 <b>265 S.W 11th Ave</b> City & State 23 <b>South Bay, FL.</b> Zip 24 <b>33493</b>	2a. Mailing Address 26 <b>265 SW 11th Ave</b> Suite, Apt #, etc. 27 <b>265 SW 11th Ave</b> City & State 28 <b>South Bay FL.</b> Zip 29 <b>33493</b>	Country 30 <b>Palm Beach</b>
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3. Date Incorporated or Qualified <b>12/05/1997</b>	
4. FEI Number <b>65-0801128</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**TUCKER, LARRY G  
2923 SE CAMINO AVE.  
STUART FL 34997**

10. Name and Address of New Registered Agent

81 Name <b>Danny D. Jones</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>#7 Lakeside Circle</b>		
83 <b>2997 Bacon Point Road</b>		
84 City <b>Pahokee</b>	85 State <b>FL</b>	86 Zip Code <b>33476</b>

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 **Danny D. Jones** (Signature) **D. Jones** (NOT Registered Agent signature required when reinstating) DATE **04/30/98**

12. OFFICERS AND DIRECTORS

TITLE <b>President</b>	<input type="checkbox"/> DELETE
NAME <b>Kenneth Jackson Sr.</b>	
STREET ADDRESS <b>265 SW 11th Ave</b>	
CITY-ST-ZIP <b>South Bay, FL 33493</b>	
TITLE <b>Vice-President</b>	<input type="checkbox"/> DELETE
NAME <b>Danny D. Jones</b>	
STREET ADDRESS <b>#7 Lakeside Circle</b>	
CITY-ST-ZIP <b>Pahokee, FL 33476</b>	
TITLE <b>Chief Secretary</b>	<input type="checkbox"/> DELETE
NAME <b>Narissa Jackson</b>	
STREET ADDRESS <b>1101 Chorus Way</b>	
CITY-ST-ZIP <b>Royal Palm Beach, FL 33411</b>	
TITLE <b>Treasurer</b>	<input type="checkbox"/> DELETE
NAME <b>Diane M. Jones</b>	
STREET ADDRESS <b>#7 Lakeside Circle</b>	
CITY-ST-ZIP <b>Pahokee, FL 33476</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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.

CFR2E034 (10/97)