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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 293297 (8)

1. Corporation Name
JACK M. BERRY, INC.



Principal Place of Business

EAGLE LAKE LOOP RD.(WINTER HAVEN)
P.O. BOX 459
LABELLE FL 33935

Mailing Address

P O BOX 459
ATTN: KATHY MC DANIEL
LABELLE FL 33975-0459
US

3. Date Incorporated or Qualified
05/26/1965

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 5609

27 Suite, Apt. #, etc.
Attn: Kathy McDaniel

28 City & State
LaBelle Fl

29 Zip Country
33880 USA

30

4. FEI Number
59-1095295

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BERRY, JACK M
HWY 80 WEST
LABELLE 33935

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME MCDANIEL, KATHY
STREET ADDRESS 270 LIVE OAK LANE
CITY-ST-ZIP LABELLE FL

TITLE VD ☐ DELETE
NAME BERRY, RUTH N
STREET ADDRESS 1320 LAKE MIRROR TERR
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE CD ☐ DELETE
NAME BERRY, JACK M
STREET ADDRESS 1320 LAKE MIRROR TERR
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE PD ☐ DELETE
NAME BERRY, JACK M JR
STREET ADDRESS 1945 8TH TERRACE, S.E.
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE D ☐ DELETE
NAME RICHERT, HOLLY B.
STREET ADDRESS EAGLE LAKE LOOK ROAD
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☒ DELETE
NAME JONES, HUGH J. JR.
STREET ADDRESS HWY 80 - 5 MILES WEST
CITY-ST-ZIP LABELLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D
6.3 STREET ADDRESS Kemper, WE
6.4 CITY-ST-ZIP 3655 SR 80 West
Alva FL 33920

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy H. McDaniel

1/3/97

941/324-4988

Date Daytime Phone #

CR2E034 (9/96)