

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 293297

Entity Name: JACK M. BERRY, INC.**Current Principal Place of Business:**2100 DUNDEE ROAD
WINTER HAVEN, FL 33884**Current Mailing Address:**PO BOX 725
ATTN: KATHY MCDANIEL
WINDERMERE, FL 34786-0725 US**FEI Number:** 59-1095295**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FLOYD, THOMAS C
1556 6TH ST SE
WINTER HAVEN, FL 33880 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S
Name	MCDANIEL, KATHY H
Address	PO BOX 725
City-State-Zip:	WINDERMERE FL 34786
Title	CD
Name	BERRY, JACK MJR
Address	P.O. BOX 725
City-State-Zip:	WINDERMERE FL 34786-0725
Title	VP
Name	FLOYD, THOMAS C
Address	1556 6TH ST SE
City-State-Zip:	WINTER HAVEN FL 33880

Title	D
Name	SELLERS, CALVIN C
Address	8179 GLENMORE DRIVE
City-State-Zip:	TALLAHASSEE FL 32312
Title	DP
Name	CLOUGHLEY, JAMES E
Address	3655 SR 80 WEST
City-State-Zip:	LABELLE FL 33935
Title	DVP
Name	BERRY, JACK MIII
Address	PO BOX 725
City-State-Zip:	WINDERMERE FL 34786

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY H MCDANIEL**SECRETARY****03/14/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date