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AND
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95 APR 24 PM 3:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | | |
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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 215690 (9)

1. Corporation Name
JERKINS, INC.

| | |
|--|--|
| Principal Place of Business 312 W. PENN AVE. BONFAY FL 32425 | Mailing Address 312 W. PENN AVE. BONFAY FL 32425 |
|--|--|

DO NOT WRITE IN THIS SPACE.

| | | | |
|--|----------------------|---|----------------------|
| 3. Date Incorporated or Qualified 10/01/1958 | | 3a. Date of Last Report 07/13/1994 | |
| 2. Principal Place of Business 21 | | 4. FEI Number 59-0843845 | |
| 2a. Mailing Address 26 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. 22 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 23 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Zip 29 | Country 30 |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent TAYLOR, DOYLE RFD-1 BONFAY FL | | 10. Name and Address of New Registered Agent | |
| | | B1 Name | |
| | | B2 Street Address (P.O. Box Number is Not Acceptable) | |
| | | B3 | |
| | | B4 City | |
| | | FL B5 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 _____ DATE _____
Signature: hand or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAYLOR, DOYLE | 1.2 NAME | |
| STREET ADDRESS | RT. 1 BOX 157 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | BONFAY FL | 1.4 CITY - ST - ZIP | |
| TITLE | S | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAYLOR, BETTY | 2.2 NAME | |
| STREET ADDRESS | RT. 1 BOX 157 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BONFAY FL | 2.4 CITY - ST - ZIP | |
| TITLE | VP | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCORMICK, SHAY | 3.2 NAME | |
| STREET ADDRESS | 108 MIDWAY ST | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | BONFAY FL | 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 110.07(3)(d), 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: S. McCormick **4-14-95** **904-547-3651**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #