

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 215690 (9)

1. Corporation Name
JERKINS, INC.



Principal Place of Business: 312 W. PENN AVE. BONIFAY FL 32425
Mailing Address: 312 W. PENN AVE. BONIFAY FL 32425

3. Date Incorporated or Qualified: 10/01/1958
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 59-0843845
Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution: \$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: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, DOYLE
RFD-1
BONIFAY FL

81 Name: Roy A. Lake
82 Street Address (P.O. Box Number is Not Acceptable): 112 West Virginia Avenue
83 City: Bonifay, FL 85 Zip Code: 32425

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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* ROYA LAKE Date: 4/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, DOYLE	
STREET ADDRESS	RT. 1 BOX 157	
CITY - ST - ZIP	BONIFAY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, BETTY	
STREET ADDRESS	RT. 1 BOX 157	
CITY - ST - ZIP	BONIFAY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCCORMICK, SHAY	
STREET ADDRESS	106 MIDWAY ST	
CITY - ST - ZIP	BONIFAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shay McCormick	
1.3 STREET ADDRESS	106 Midway Street	
1.4 CITY - ST - ZIP	Bonifay, Florida 32425	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S/T Terri McCormick	
2.3 STREET ADDRESS	106 Midway Street	
2.4 CITY - ST - ZIP	Bonifay, Florida 32425	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* Date: 4-26-96 Daytime Phone #: 547-3651

CR2E034 (12/95)