

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-0843845

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

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

84 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] ROY A. LAKE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME TAYLOR, DOYLE
STREET ADDRESS RT. 1 BOX 157
CITY-ST-ZIP BONIFAY FL

TITLE S ☒ DELETE
NAME TAYLOR, BETTY
STREET ADDRESS RT. 1 BOX 157
CITY-ST-ZIP BONIFAY FL

TITLE VP ☐ DELETE
NAME MCCORMICK, SHAY
STREET ADDRESS 106 MIDWAY ST
CITY-ST-ZIP BONIFAY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Shay McCormick
1.3 STREET ADDRESS 106 Midway Street
1.4 CITY-ST-ZIP Bonifay, Florida 32425 ☐ Change ☐ Addition

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

3.1 TITLE S/T ☐ Change ☒ Addition
3.2 NAME Terri McCormick
3.3 STREET ADDRESS 106 Midway Street
3.4 CITY-ST-ZIP Bonifay, Florida 32425

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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-26-96

DAYTIME PHONE #

547-3651

CR2E034 (12/95)