

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 220531 (8)

1. Corporation Name
JERGER & SONS, INC.

Principal Place of Business
7785 66TH ST N
PO BOX 8080
PINELLAS PARK FL 34664-8080
US

Mailing Address
7785 66TH ST N
PO BOX 8080
PINELLAS PARK FL 34664-8080
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/21/1959	
21		26		4. FEI Number 59-0859732	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLACKLIDGE, RAYMOND M. G 7785 66TH ST NORTH PINELLAS PARK FL 34665				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	POC			11. TITLE			
NAME	JERGER, RICHARD M., JR.			12. NAME			
STREET ADDRESS	425-79TH STREET S			13. STREET ADDRESS	7963 9TH AVE S		
CITY-ST-ZIP	ST PETERSBURG FL			14. CITY-ST-ZIP	ST. PETERSBURG, FL 33707		
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	VD			21. TITLE			
NAME	JERGER, THOMAS J			22. NAME			
STREET ADDRESS	10305 81ST CT NORTH			23. STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PK FL			24. CITY-ST-ZIP	34666		
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	VD			31. TITLE			
NAME	JERGER, DEAN W.			32. NAME			
STREET ADDRESS	7949 9TH AVE SOUTH			33. STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			34. CITY-ST-ZIP	33707		
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DT			41. TITLE			
NAME	MEYER, BRUCE			42. NAME			
STREET ADDRESS	508 BROOKTREE CT			43. STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL			44. CITY-ST-ZIP	33548		
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DVS			51. TITLE			
NAME	BLACKLIDGE, RAYMOND			52. NAME			
STREET ADDRESS	28810 FALLING LEAVES WAY			53. STREET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL FL			54. CITY-ST-ZIP	33543-5761		
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	POC			61. TITLE			
NAME	JERGER, RICHARD M J			62. NAME			
STREET ADDRESS	7963 9TH AVE ST			63. STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			64. CITY-ST-ZIP	OLDSMAR, FL 34677		

14. I 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:



4/20/98

813-546-8911

CR2E034 (10/97)