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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

JACKSON BROS GROVES INC

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90023 008 ***150.00



Principal Place of Business		
3880 OLD U. S. #1 P.O. BOX 307 VERO BEACH FL 32960 3880 OLD U. S. #1 P.O. BOX 307 VERO BEACH FL 32960 DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualifed		
P.O. BOX 307 VERO BEACH FL 32960 P.O. BOX 307 VERO BEACH FL 32960 DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualifed		
3. Date Incorporated or Qualifed	CE	
1 x 1 40 10	IOL .	
	. .	
2. Principal Place of Business 5 2a. Mailing Address 4. FEI Number		oplied For
26 59-1077661		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5, Certificate of Status Desired		Additional equired
	\$5.00	May Be
Trust Fund Contribution	Added	to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangil	ble	
Personal Property Tax.		□No
24 25 29 30 Felsonar Toperty Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	nt	
81 Name		
JACKSON, WALTER M. ".		
JACKSON, WALTER M US # 1 & 38TH LANE, P.O. BOX 254		· .
VERO BEACH FL 32960		11.
FL!		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 characteristic 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	ent as re	egistered
Elemeture, bursed or printed name of remietered agent and title if applicable. (NOTE: Registered Agent signature required when remietering)	UDECTO	1
		OPS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND D		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE	Change	
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12. OFFICERS AND DIRECTORS TILE PAME JACKSON, THEODORE STREET ADDRESS SSED 45TH STREET VERO BEACH FL TILE NAME JACKSON, RAYMOND A. STREET ADDRESS CITY-ST-ZIP VERO BEACH FL TITLE ST TITLE ST TITLE ST NAME JACKSON, WALTER STREET ADDRESS CITY-ST-ZIP VERO BEACH FL TITLE ST NAME JACKSON, WALTER STREET ADDRESS CITY-ST-ZIP VERO BEACH FL TITLE ST DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL DELETE A1 TITLE A3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE ST STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE ST STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS STREE	Change Change	Addition Addition Addition Addition
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6.4 CITY-ST-ZIP 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 changes or on an attacgment with an address, with all other like empowered.

STREET ADDRESS