

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 317376 (2)

1. Corporation Name

JENSEN OF JACKSONVILLE, INC.



Principal Place of Business

9100 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

Mailing Address

9100 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified
05/31/1967

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENSEN, LUCY B.
9100 PHILLIPS HIGHWAY
JACKSONVILLE FL 32256

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Lucy B. Jensen

Lucy B. Jensen, C.O.B.

03/08/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TDC	<input type="checkbox"/> DELETE
NAME	JENSEN, LUCY B.	
STREET ADDRESS	9100 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHICK, MARY JENSEN	
STREET ADDRESS	9100 PHILLIPS HWY.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JENSEN, STEPHEN F.	
STREET ADDRESS	9100 PHILLIPS HWY.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	CHICK, GARLAND S.	
STREET ADDRESS	9100 PHILLIPS HWY.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GAY, DONNIE K.	
STREET ADDRESS	9100 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CARSWELL, JOHN M.	
STREET ADDRESS	9100 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	VP, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carswell, John M	
1.3 STREET ADDRESS	9100 Philips Highway	
1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bailey, Roger L.	
2.3 STREET ADDRESS	9100 Philips Highway	
2.4 CITY-ST-ZIP	Jacksonville, FL 32256	
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: *Lucy B. Jensen*

Lucy B. Jensen, C.O.B.

03/08/96

(904) 268-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)