

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

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 411916 (0)

1. Corporation Name
JACK D. SOLES, INC.

Principal Place of Business

RT 2 664 B SOUTH
RT 2 BOX 178-A
WAUCHULA FL 33873

Mailing Address

RT 2 664 B SOUTH
RT 2 BOX 178-A
WAUCHULA FL 33873-9802



2. Principal Place of Business

21 Suite, Apt #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 201 MANLEY ROAD
Suite, Apt #, etc

27 City & State

28 WAUCHULA, FLORIDA

29 Zip

30 Country

3. Date Incorporated or Qualified

11/01/1972

3a. Date of Last Report

02/27/1996

4. FEI Number

59-1418065

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

SOLES, EVELYN H.
RT. 2 664 B. SOUTH
RT 2 BOX 178-A
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name

SOLES, EVELYN H.

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

201 MANLEY ROAD

83

84 City

WAUCHULA

FL

85 Zip Code

33873

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

TITLE PD ☐ DELETE
NAME SOLES, JACK
STREET ADDRESS RT. #664 B SOUTH
CITY - ST - ZIP WAUCHULA FL

TITLE VD ☐ DELETE
NAME SOLES, EVELYN
STREET ADDRESS RT. #664 B SOUTH
CITY - ST - ZIP WAUCHULA FL

TITLE SD ☐ DELETE
NAME SOLES, J. RUSSELL
STREET ADDRESS RT. 2 664 B. SOUTH
CITY - ST - ZIP WAUCHULA 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME SOLES, JACK
1.3 STREET ADDRESS 201 MANLEY ROAD
1.4 CITY - ST - ZIP WAUCHULA, FLORIDA 33873 ☐ Change ☐ Addition

2.1 TITLE VD ☐ Change ☐ Addition
2.2 NAME SOLES, EVELYN
2.3 STREET ADDRESS 201 MANLEY ROAD
2.4 CITY - ST - ZIP WAUCHULA, FLORIDA 33873 ☐ Change ☐ Addition

3.1 TITLE SD ☐ Change ☐ Addition
3.2 NAME SOLES, J. RUSSELL
3.3 STREET ADDRESS 619 MAUDE ROAD
3.4 CITY - ST - ZIP WAUCHULA, FLORIDA 33873 ☐ Change ☐ Addition

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 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: EVELYN H. SOLES

1/28/97

941 773 6025

Date

Daytime Phone #

CR2E034 (9/96)