

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 466822

1. Entity Name

JIM R. JERNIGAN, INC.



Principal Place of Business

1820 E. SILVER SPRINGS BLVD.
OCALA FL 32670

Mailing Address

1820 E. SILVER SPRINGS BLVD.
OCALA FL 32670



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1567715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JERNIGAN, JOHN
1820 E. SILVER SPRINGS BLVD.
OCALA FL 32670

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CHAPMAN JERNIGAN, JAN	
STREET ADDRESS	1820 E SILVER SPRINGS BL	
CITY-STATE-ZIP	OCALA FL 34470	
TITLE	V	<input type="checkbox"/> Delete
NAME	JERNIGAN, BETTY T	
STREET ADDRESS	1820 E SILVER SPRINGS BL	
CITY-STATE-ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VERTON, GAY	
STREET ADDRESS	1820 E SILVER SPRINGS BL	
CITY-STATE-ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JERNIGAN, JOHN	
STREET ADDRESS	1820 E. SILVER SPRINGS BLVD	
CITY-STATE-ZIP	OCALA FL 34470	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAY, LUCY J	
STREET ADDRESS	1820 E. SILVER SPRINGS BLVD	
CITY-STATE-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	JERNIGAN, JIM R	
STREET ADDRESS	1820 E SILVER SPRINGS BL	
CITY-STATE-ZIP	OCALA FL 34470	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000804939
CITY-STATE-ZIP	02/05/08-80092-001 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

John Jernigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

Date

Daytime Phone