

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90017 036 ***150.00

DOCUMENT # 470224

1. Corporation Name
JACK'S ENTERPRISES, INC.

Principal Place of Business
1328 LAFAYETTE ST
CAPE CORAL FL 33904

Mailing Address
1328 LAFAYETTE ST
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1975

4. FEI Number

59-1775920

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALOIA, FRANK J.
1716 CAPE CORAL PARKWAY
P O BOX 538
CAPE CORAL FL 33910

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

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

T ☐ DELETE
NAME HEILIGENMAN, RICHARD
STREET ADDRESS 5717 S.W. 9TH CT.
CITY-ST-ZIP CAPE CORAL FL 33914

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VP ☐ DELETE
NAME HEILIGENMAN II, RICHARD
STREET ADDRESS 5717 SW 9TH COURT
CITY-ST-ZIP CAPE CORAL FL 33914

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

P ☐ DELETE
NAME HEILIGENMAN, LINDA
STREET ADDRESS 5717 S.W. 9TH CT.
CITY-ST-ZIP CAPE CORAL FL 33914

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

S ☐ DELETE
NAME HEILIGENMAN, HEIDI
STREET ADDRESS 5717 S.W. 9TH CT.
CITY-ST-ZIP CAPE CORAL FL 33914

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME Nychyk, Heidi
4.3 STREET ADDRESS 5629 New Commodore Terr.
4.4 CITY-ST-ZIP Port St. Lucie, FL 34983

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Heiligenman
Linda Heiligenman

Date

Daytime Phone #

1-19-99

941-549-0404

CR2E034 (11/98)

04-0276