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DOCUMENT #	5	52	1	25
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1. Entity Name

JACK MARTIN FARMS, INC.

Principal Place of Business

7062 W. BOYNTON BCH, BLVD.

BOYNTON BEACH FL 33437

BOYNTON BEACH FL 33474-0057



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	51. AL	iness VAREU	S DR	<del></del>	JOREU	is dr	_	] [66]	AI BIIN BIIDII	OIBII DIDII BIIFII O	[[]]	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE .					
			BOYN TON BEACH, FL		f		. FEI Number <b>59-1793250</b>		<del></del>	Applied For Not Applicable		
3343 e	4	PALM	BEHCH	Zip 33 436	PAL M	BEACH	5.	Certificate of Status Desired		\$8.75 Add Fee Require		
	6. Nam	e and Addre	ess of Current I	legistered Agent			7. 1	Name and Address of New Re	gistered	Agent		
						Name						
Martin, John D. Jr. 7062 W. Boynton BCH. Blvd.					<u> </u>	Street Address (P.O. Box Number is Not Acceptable)						
					-							
BOYNTO	N BEACH	FL 33424										
						City			FL	Zip Code	e	
8 The above	named ent	tity submits th	nis statement for	the purpose of changing	n its ranistered	office or registe	ared an	gent, or both, in the State of Flor	ida			
o. me above	maniga em	nty Soonints ti	iis statement for	the purpose of changing	y ita registeret	Tonne or registe	neu ay	gent, or both, in the State of Flor	iua.			
: <sup>Ç</sup> -SIGNATURE .												
SIGNATORE	Signature, type	ed or printed name	of registered agent a	nd title if applicable. (	NOTE: Registered /	Agent signature require	ed when re	einstating)	DATE	<del></del>		
9. This corporation is eligible to satisfy its Intangible FILE				FILE NO	WIII FEE IS	\$ \$150.00		1. 5			,	
Tax filing requirement and elects to do so.			l .	After May 1, 2002 Fee will be \$550.00			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
(See criteria on back)				Make Check Pa	yable to Dep	partment of St	ate	Trast Fana Contribution.		⇒ ∧uueu	1101665	
11.		О	FFICERS AND I	DIRECTORS	12.		AD	DOITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTORS	S IN 11	
TITLE	PD	(A) III a	· 15	Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS		JOHN D. J . ANDREWS			NAME	ADDRESS					Ì	
CITY-ST-ZIP		N BEACH I			CITY-S	- 1						
TITLE	SD	501011		Delete	TITLE					☐ Change	Addition	
NAME	1	NANCY P.		L Delete	NAME	ļ				change		
STREET ADDRESS		. ANDREWS			STREET	ADDRESS					J	
CITY-ST-ZIP	BOYNTO	N BEACH I	FL		CITY-S	T-ZIP						
TITLE	VP	<del></del>		Delete	TITLE				~	☐ Change	Addition	
NAME		NANCY P.			NAME						-	
STREET ADDRESS CITY-ST-ZIP		. ANDREWS			CITY-S	ADDRESS						
TITLE	T	N BEACH I	<u></u>			1-211		<del>_</del> -				
NAME	1 -	JOHN D J	<b>-</b>	Delete	TITLE    NAME					Change	Addition	
STREET ADDRESS		ANDREWS			ll l	ADDRESS						
CITY-ST-ZIP		N BEACH I			CITY-S	T-21P						
TITLE				Delete	TITLE					☐ Change	Addition	
NAME					NAME							
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CITY-ST-ZIP					CITY-S	T-ZIP						
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition {	
NAME STREET ADDRESS					NAME STREET	ADDRESS					{	
CITY-ST-ZIP					CITY-S	1					}	
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13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered