

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAR 23 AM 10: 50****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # 561131 (4)**
1. Corporation Name
JACKSON AND MITCHELL CONSTRUCTION CO.

Principal Place of Business

**808 E CANFIELD ST
AVON PARK FL 33825**

Mailing Address

**808 E CANFIELD ST
AVON PARK FL 33825**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/02/1978** 3a. Date of Last Report **05/01/1994**4. FEI Number **59-1805009** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**6. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**23** Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.**27** City & State**28** Zip Country

9. Name and Address of Current Registered Agent

**MITCHELL, PAMELA
808 E. CANFIELD ST.
AVON PARK FL**

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****TITLE D
NAME JACKSON, JOE
STREET ADDRESS 807 STATE STREET
CITY-ST-ZIP AVON PARK FL****1.1 TITLE** ☐ Change ☐ Addition**1.2 NAME****1.3 STREET ADDRESS****1.4 CITY-ST-ZIP****TITLE PD
NAME MITCHELL, DAN
STREET ADDRESS 808 E. CANFIELD ST.
CITY-ST-ZIP AVON PARK FL****2.1 TITLE** ☐ Change ☐ Addition**2.2 NAME****2.3 STREET ADDRESS****2.4 CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****3.1 TITLE** ☐ Change ☐ Addition**3.2 NAME****3.3 STREET ADDRESS****3.4 CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****4.1 TITLE** ☐ Change ☐ Addition**4.2 NAME****4.3 STREET ADDRESS****4.4 CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****5.1 TITLE** ☐ Change ☐ Addition**5.2 NAME****5.3 STREET ADDRESS****5.4 CITY-ST-ZIP****TITLE
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL J. MITCHELL, PRES.**3-7-95**

Date

813-382-1988

Telephone Number