

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 587136 (3)

1. Corporation Name

JAX HOLDINGS, INC.



Principal Place of Business

6841 PHILLIPS PARKWAY DR. S.
JACKSONVILLE FL 32256-1565

Mailing Address

6841 PHILLIPS PARKWAY DR. S.
JACKSONVILLE FL 32256-1565

3. Date Incorporated or Qualified
09/21/1978

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21 16505 East Course Dr

2a. Mailing Address

25 % Diercksen

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 16505 East Course Dr

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Zip

24 33624

29 33624

Country

Country

25 Hillsb.

30 Hillsb

9. Name and Address of Current Registered Agent

DIERCKSEN, WILLIAM C
8412 SABAL INDUSTRIAL BLVD
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name Diercksen, William C
82 Street Address (P.O. Box Number is Not Acceptable)
16505 East Course Dr
83
84 City Tampa FL 85 Zip Code 33624

11. Pursuant to the provisions of Sections 607.0592 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 of officer, director, or agent as required by law (if applicable)

William C Diercksen

5-2-96

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
STD	DIERCKSEN, WILLIAM C	16505 EAST COURSE DR.	TAMPA, FL 00000	<input type="checkbox"/>
V	LONGELL, LESLIE L	805 WARREN ROAD	LUTZ FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-96

Date

813-621-9744

Daytime Phone #

CR2E034 (12/95)