

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 609522

1. Entity Name
JACKSON CONSTRUCTION, INC.



FILED

04 NOV 23 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1222 BANANA ROAD
LAKELAND, FL 33810-2001 US

Mailing Address
1224 BANANA ROAD
LAKELAND, FL 33810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11022004

REIN-P

CR2E098 (6/04)

City & State

City & State

4. FEI Number

59-1886838

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, LARRY W
903 MARSHA CIRCLE
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

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 reinstating)

DATE

Larry W Jackson PR

11-19-04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACKSON, LARRY W	
STREET ADDRESS	903 MARSHA CIR	
CITY - ST - ZIP	LAKELAND, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACKSON, ARTHUR C	
STREET ADDRESS	RT 3 BOX 374	
CITY - ST - ZIP	OPP, AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, LAWRENCE ALVIN	
STREET ADDRESS	RT 3 BOX 374	
CITY - ST - ZIP	OPP, AL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100042956131	
STREET ADDRESS	11/23/04--01034--006 **750.00	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry W Jackson PR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY W. JACKSON PR 11-19-04

Date

Daytime Phone #