

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 611952 (3)**

1. Corporation Name  
**JAXSON CORPORATION**



Principal Place of Business  
**1950 COURTNEY DRIVE, STE 204 FORT MYERS FL 33901**

Mailing Address  
**1950 COURTNEY DRIVE, STE 204 FORT MYERS FL 33901**

3. Date Incorporated or Qualified **03/07/1979** 3a. Date of Last Report **08/14/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2505737** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LINDMAN, CAROL L.  
 1950 COURTNEY DR  
 STE. 204  
 FORT MYERS FL 33901**

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 types or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE **ST**  
 NAME **LINDMAN, CAROL L.**  
 STREET ADDRESS **1950 COURTNEY DR., #204**  
 CITY-ST-ZIP **FORT MYERS, FL 00000**

TITLE **DP**  
 NAME **LINDMAN, CAROL L.**  
 STREET ADDRESS **1950 COURTNEY DR., #204**  
 CITY-ST-ZIP **FORT MYERS, FL 00000**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

11 TITLE  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP  Change  Addition

21 TITLE  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP  Change  Addition

31 TITLE  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP  Change  Addition

41 TITLE  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP  Change  Addition

51 TITLE  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP  Change  Addition

61 TITLE  
 62 NAME  
 63 STREET ADDRESS  
 64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Carol Lindman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-96 941-936-6214

CR2E034 (3/96)