

DOCUMENT # 677248

**JERNIGAN COMPANY, INC.**

**FILED**

**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90049 029 \*\*\*150.00

Principal Place of Business	Mailing Address
600 NORTH BUMBY, SUITE 222	630 NORTH BUMBY, SUITE 222
SUITE 226-A	SUITE 226-A
ORLANDO FL 32803	ORLANDO FL 32803-4920
US	US

<b>2. Principal Place of Business</b> <b>5137 Spring Run Avenue</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <b>Same</b> Suite, Apt. #, etc.	
City & State <b>Orlando, Florida 32819</b>		City & State <b>Same</b>	
Zip <b>32819</b>	Country <b>USA</b>	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2008324	Applied For
		Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
T A FOURNIER JR	Name <b>THOMAS F. Lang</b>	
630 NORTH BUMBY AVENUE	Street Address (P.O. Box Number is Not Acceptable)	
SUITE 226-A	<b>Allen, Lang, Curotto &amp; Peed, P.A.</b>	
ORLANDO FL 32803	<b>14 East Washington Street, Suite 600</b>	
	City <b>Orlando.</b>	Zip Code <b>FL 32801-2156</b>

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.

SIGNATURE

Thomas F. Lang

DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/99)