

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 24 1997 8:00am  
Secretary of State

DOCUMENT # 831025

(2)

1. Corporation Name  
JERRY PAIR & ASSOCIATES, INC.

Principal Place of Business  
1855 GRIFFIN RD. STE B-170  
DANIA FL 33004

Mailing Address  
1855 GRIFFIN RD. STE B-170  
DANIA FL 33004-2241



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
10/09/1973

3a. Date of Last Report  
04/09/1996

4. FEI Number  
58-1188468

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

GRAVES, DONALD  
2310 TIGERTAIL CT.  
MIAMI FL 33133

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS

12.1 NAME	D PAIR, JERRY	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	351 PEACHTREE HILLS AVE	
12.3 CITY - ST - ZIP	ATLANTA GA	
12.4 TITLE	ST	<input type="checkbox"/> DELETE
12.5 NAME	CAHOON, MAVIS	<input type="checkbox"/> DELETE
12.6 STREET ADDRESS	351 PEACHTREE HILLS AVE	
12.7 CITY - ST - ZIP	ATLANTA GA	
12.8 TITLE	D	<input type="checkbox"/> DELETE
12.9 NAME	GRAVES, DON	<input type="checkbox"/> DELETE
12.10 STREET ADDRESS	1855 GRIFFIN ROAD	
12.11 CITY - ST - ZIP	DANIA FL	
12.12 TITLE		<input type="checkbox"/> DELETE
12.13 NAME		<input type="checkbox"/> DELETE
12.14 STREET ADDRESS		
12.15 CITY - ST - ZIP		
12.16 TITLE		<input type="checkbox"/> DELETE
12.17 NAME		<input type="checkbox"/> DELETE
12.18 STREET ADDRESS		
12.19 CITY - ST - ZIP		
12.20 TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY - ST - ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY - ST - ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY - ST - ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY - ST - ZIP		
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY - ST - ZIP		

14. I do 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 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:

Mavis R. Cahoon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.17.97  
Date

404-326-5004  
Filing Phone

CR2E034 (9/96)