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

DOCUMENT # F71020

(4)

JACK 4 CORPORATION Principal Place of Business Mailing Address

FILED Jan 28 1997 8:00am Secretary of State



2400 NO VOLUSIA AVE ORANGE CITY FL 33767 US		2607 SO WOODLAND BLVD STE 241 ORLANDO FL 32720-7001 US			3. Date Incorporated or Qualified 03/15/1982	3a. Date of Last 03/18/1996	,
•	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
2400	N. VOLUSIA AVE	26 2607 S. I	WOODLA	ND BLVI	59-2187739	 	Not Applicable
Suite, Apt #	v, etc	Suite, Apt. #, etc. 27 #241		5. Certificate of Status Desired	W	Additional Required	
	ORANGE CITY, FL 28 DELA		ND, FL		6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip 32763	Country 25	2φ 29 32720	Countr 30	y 	, 10, 111	Yes No	s. 199.032,
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	ions, sioney J.		0	INdille	· ·		
2400 NO VOLUSIA AVE ORANGE CITY FL 32783					ess (P.O. Box Number is Not Acceptab	ile)	-
			83			les i Zu	p Code
			. 04	City		FL 85 Zir	J 000 0
office or re agent. Lan	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorized b lorida Statute	y the corporations.	oration submits this statement for the pon's board of directors. I hereby accept	pt the appointment a	is registered
12.	Signature, typied or printed name of regisk red age OFFICERS ANI		13.	eni signalure require	ADDITIONS/CHANGES TO OFFIC		3DC IN 12
TITLE	D OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	
NAME	SIMONS, SIDNEY J.	_ Peterie	1,2 NAME			Unungo	, Labor location
STREET ADDRESS	2400 NO VOLUSIA AVE			T ADDRESS			
CITY-ST-ZIP ORANGE CITY FL			1.4 CITY-ST-ZIP			32763	
TITLE	CIVATOL OIL IL	DELETE	2.1 TITLE	01 211		Спапде	B Addition
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			2. 4 CITY	ST-7IP			
THILE		DELETE	3.1 TITLE			Change	e Addition
NAME			3.2 NAME				
STREET ADDRESS		•	3.3 STREE	T ADDRESS			
CITY-S1-7IP			3.4 CITY	-ST-ZIP		_	
THUE		☐ DELETE	4.1 TITLE			Change	e Addition
NAME			4. 2 NAMI	E			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY+S1-7IP			4.4 CITY -	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STAES	T ADDRESS			
C(TY-ST-Z)P			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change	e 🔲 Addition
NAME.			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
0.75 67 7.0			CAPITY	CT 7ID	•		

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 supplementary 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 of truster annowered 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: