

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90041 010 \*\*\*150.00

DOCUMENT # F97000005944

1. Corporation Name

STEVEN HALDANE JACKSON CO., INC.

Principal Place of Business

3 CHURCH CIRCLE, SUITE 134  
ANNAPOLIS MD 21401

Mailing Address

3 CHURCH CIRCLE, SUITE 134  
ANNAPOLIS MD 21401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1997

4. FEI Number

52-2022175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2442 CERRILLOS RD

Suite, Apt. #, etc.

22 307

City & State

23 SANTA FE, NM

Zip

24 87505

Country

25 USA

2a. Mailing Address

26 2442 CERRILLOS RD

Suite, Apt. #, etc.

27 307

City & State

28 SANTA FE, NM

Zip

29 87505

Country

30 USA

9. Name and Address of Current Registered Agent

JACKSON, S H  
757 S.E. 17TH ST., SUITE 240  
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

JACKSON, S H

82 Street Address (P.O. Box Number is Not Acceptable)

3941 TAMiami TRAIL

83

UNIT 3157, STE. 72

84 City

PUNTA GORDA

FL

85 Zip Code

33950

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCS ☐ DELETE

NAME JACKSON, STEVEN H

STREET ADDRESS 757 S.E. 17TH ST., SUITE 240

CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE VTVC ☐ DELETE

NAME JACKSON, CLAUDIA B

STREET ADDRESS 757 S.E. 17TH ST., SUITE 240

CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

2442 CERRILLOS RD., STE. 307

1.4 CITY-ST-ZIP

SANTA FE, NM 87505

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2442 CERRILLOS RD., STE. 307  
SANTA FE, NM 87505

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIA B. JACKSON

Date

4-28-99 505983-1865

Daytime Phone #

CR2E034 (1/98)

0009226