SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	FILE	D
Jul 25	1997	8:00am
Secr	etary	of State

	MENT # G0036 IK JEPPSON, INC.	3 (3)				
Principal Place	e of Business	Mailing Address	·		III DIBII TIBII BIBI DIBII BIBI BIBII IBBI	
% E. MARK J P.O. BOX 353 BLOUNTSTON	HWY 20 EAST	% E. MARK JEPPSON P.O. BOX 357 HWY 20 (BLOUNTSTOWN FL 32424		3. Date Incorporated or Qualified	IN THIS SPACE 3a. Date of Last Report	
· ·	lace of Business	2s, Mailing Address		09/16/1982 4. FEI Number	08/14/1996 Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2220854	Not Applicable	
		27		Certificate of Status Desired	\$8.75 Additional Fee Required	
		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Žip	Country	Zip	Country	8. This corporation owes or has pa	id the current year lotangible	
24	25	29	30	Personal Property Tax due June		
	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	PPSON, E. MARK		81 Name			
P.O. BOX 357 HWY. 20 EAST		82 Street Add	iress (P.O. Box Number is Not Acceptat	ole)		
BL	OUNTSTOWN FL 32424		83			
			84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Soctions 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 punied name of registered agent and till applicable. (NOTE: Registered Agent signature required when reinstaing). DATE						
12.	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE NAME	D Jeppson, Orma Jean S		1.1 TITLE 1.2 NAME		Change L Addition	
STREET ADDRESS	P.O. BOX 357 HWY 20 EAST		1.3 STREET ADDRESS			
CITY-ST-ZIP	BLOUNTSTOWN FL		1.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	21 TITLE		Change Addition	
NAME	JEPPSON, E. MARK		2.2 NAME	•	,	
STREET ADDRESS	P.O. BOX 357 HWY 20 EAST		2.3 STREET ADDRESS			
City-St-ZIP	BLOUNTSTOWN FL		2.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE	3.1 TITLE		Change Addition	
NAME	JEPPSON, MATTHEW R		3.2 NAME			
STREET ADDRESS	P O BOX 184, 217 S. MAIN		3.3 STREET ADDRESS		1	
CITY-ST-ZIP	BLOUNTSTOWN FL	DELETE	3.4. CITY+ST-ZIP		Change Addition	
TITLE NAME			4.1 IIILE 4.2 NAME		Change LI Addition	
STREET ADDRESS			4.3 STREET ADDRESS		j	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		İ	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	by cartify that the information symplice	with this filing does not qualif	6.4 CITY-ST-ZIP	d in Section 119.07/3/(i) Elorida Statuta	- I fush a gasifush at the	

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 atlachment with an address.

GNATURE:

SIGNATURE: Y