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FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G07735 (5)

1. Corporation Name  
JACFRE, INC.



Principal Place of Business

% JACOB M BUCHMAN  
801 SEDDON COVE WAY  
TAMPA FL 33602

Mailing Address

% JACOB M BUCHMAN  
801 SEDDON COVE WAY  
TAMPA FL 33602-5705

3. Date Incorporated or Qualified  
11/09/1982

3a. Date of Last Report  
02/01/1996

2. Principal Place of Business

21 914 Anchorage Road

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL 33602

24 Zip Country

25

2a. Mailing Address

26 914 Anchorage Road

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL 33602

29 Zip Country

30

4. FEI Number

59-2297753

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

BUCHMAN, JACOB M  
901 SEDDON COVE WAY  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Jacob M. Buchman

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

914 Anchorage Road

83

84 City

Tampa

FL

85 Zip Code  
33602

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 type: ☐ Principal ☒ Registered Agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME BUCHMAN, LOUIS J  
STREET ADDRESS 3435 BAYSHORE BLVD #501  
CITY-ST-ZIP TAMPA, FL 00000

TITLE DP ☐ DELETE  
NAME BUCHMAN, JACOB M  
STREET ADDRESS 4934 ST CROIX DR  
CITY-ST-ZIP TAMPA, FL 00000

TITLE SD ☐ DELETE  
NAME BUCHMAN, FREDA F  
STREET ADDRESS 3435 BAYSHORE BLVD #501  
CITY-ST-ZIP TAMPA, FL 00000

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  
1.4 CITY-ST-ZIP

2.1 TITLE DP ☒ Change ☐ Addition  
2.2 NAME Jacob M. Buchman  
2.3 STREET ADDRESS 914 Anchorage Road  
2.4 CITY-ST-ZIP Tampa, FL 33602

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 hereof, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

Date

Daytime Phone #

CR2E034 (9/96)