

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB 23 PM 3: 12

**DOCUMENT # G88739 (9)**

1. Corporation Name  
**JAMES H. JACKSON & ASSOCIATES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**2727 N. WICKHAM RD.  
7-108  
MELBOURNE FL 32935-2210  
US**      **2727 N. WICKHAM RD.  
7-108  
MELBOURNE FL 32935-2210  
US**

3. Date Incorporated or Qualified: **03/05/1984**      3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **59-2397232**      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**  
7. This corporation has liability for intangible tax under 5-199.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**JACKSON, JAMES H.  
3335 WEDGEWOOD DR NE #203  
PALM BAY FL 32905**

10. Name and Address of New Registered Agent  
81 Name: **JACKSON JAMES H**  
82 Street Address (P.O. Box Number is Not Acceptable): **2727 N. WICKHAM RD 7-108**  
83        
84 City: **MELBOURNE**      FL      85 Zip Code: **32935**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *James H. Jackson*      2/20/95

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>JACKSON, JAMES H.</b>
STREET ADDRESS	<b>2727 N. WICKHAM RD., 7-108</b>
CITY, ST, ZIP	<b>MELBOURNE FL</b>
TITLE	<b>D</b>
NAME	<b>JACKSON, MARY ALICE</b>
STREET ADDRESS	<b>2727 WICKHAM RD., #7-108</b>
CITY, ST, ZIP	<b>MELBOURNE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY, ST, ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY, ST, ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY, ST, ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY, ST, ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY, ST, ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02, 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 447, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James H. Jackson*      2/20/95      407/255-4250