

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90083 020 ***158.75

DOCUMENT # H04677

1. Corporation Name
JACKSON - REEGER, INC.

Principal Place of Business
2441 NW 43RD ST., UNIT 26
GAINESVILLE FL 32606

Mailing Address
2441 NW 43RD ST., UNIT 26
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1984

4. FEI Number

59-2409896

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 owes the current year Intangible
Personal Property Tax.



Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REEGER, RALPH L
1931 SW 35TH AVE.
GAINESVILLE FL 32608

81 Name

Jackson, David M

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

2441 NW 43rd St., Unit 26

83

Gainesville FL 32606

84 City

Gainesville

FL

85 Zip Code
32606

11. Pursuant to the provisions of Sections 607.0502 and 607.1009, 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]

(NOTE: Registered Agent signature required when reinstating)

04/27/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☐ DELETE

NAME REEGER, RALPH LOUIS
STREET ADDRESS 1931 SW 35TH AVE.
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE DPT ☒ Change ☐ Addition

1.2 NAME Jackson, David M.
1.3 STREET ADDRESS 2441 NW 43rd St. Unit 26
1.4 CITY-ST-ZIP Gainesville FL 32606

TITLE DVS ☐ DELETE

NAME JACKSON, DAVID M
STREET ADDRESS 9944 SW 52ND RD.
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE DVS ☒ Change ☐ Addition

2.2 NAME Reeger, Ralph Louis
2.3 STREET ADDRESS 1931 SW 35th Ave.
2.4 CITY-ST-ZIP Gainesville FL 32606

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/99

Date

(352) 371-3068

Daytime Phone #

CR2E034 (11/98)

0082448