

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:45

DOCUMENT # **H25612** (3)
1. Corporation Name
R.F. JACKSON & ASSOCIATES INC.

Principal Place of Business Mailing Address
165 INDUSTRIAL LOOP P.O. BOX 2076 ORANGE PARK FL 32067-8469

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/16/1984** 3b. Date of Last Report **04/27/1994**
4. FEI Number **59-2455417** 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 24 (F.S.) Florida Statutes 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 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**JACKSON, ROBERT F., SR.
165 INDUSTRIAL LOOP
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 officer 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 607.0506, Florida Statutes.

SIGNATURE

(Signature lines for registered agent and incorporator)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------|
| TITLE | D |
| NAME | JACKSON, ROBERT F., SR. |
| STREET ADDRESS | 2242 FOXWOOD DRIVE |
| CITY, ST, ZIP | ORANGE PARK FL |
| TITLE | D |
| NAME | JACKSON, NANCY R. |
| STREET ADDRESS | 2242 FOXWOOD DRIVE |
| CITY, ST, ZIP | ORANGE PARK FL |
| 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

| | |
|-------------------|---|
| 11 NAME | <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 checked timely for the incorporation, filed in the form 1131 (04/90), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signatories shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the incorporator or limited partner or sole proprietor 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 in any attachment with an address.

SIGNATURE: *Robert F. Jackson Sr.* **Robert F JACKSON SR** 1-12-95 904 2617442
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR