

**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)(1)(C), 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 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	<b>D</b>
NAME	<b>JACKSON, ROBERT F., SR.</b>
STREET ADDRESS	<b>2242 FOXWOOD DRIVE</b>
CITY, ST, ZIP	<b>ORANGE PARK FL</b>
TITLE	<b>D</b>
NAME	<b>JACKSON, NANCY R.</b>
STREET ADDRESS	<b>2242 FOXWOOD DRIVE</b>
CITY, ST, ZIP	<b>ORANGE PARK 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

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 133 (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