FILED E NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF \$1ATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)R.F. JACKSON & ASSOCIATES INC. Principal Place of Business Mailing Address 165 INDUSTRIAL LOOP DO NOT WRITE IN THIS SPACE ORANGE PARK FL 32067-8469 3. Date Incorporated or Qualified 10/16/1984 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 59-2455417 21 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired PO BOX Fee Required 22 Cilv & State 6. Election Campaign Financing \$5.00 May Be BLAIRSVILLE Added to Fees 23 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Country MOIND Personal Property Tax due June 30. Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JACKSON, ROBERT F SR. 165 INDUSTRIAL LOOP Street Address (P.Q. Box Number is Not Acceptable) **ORANGE PARK FL 32073** 83 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered of Florida. Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered tions of, Section 69, 5505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both in the Sta agent. Lani fa (NOTE Registerno Agent signature requireo when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ Addition DELETE 1.1 1111.6 TITLE JACKSON SR. ROBERT F 1.2 NAME NAME 165 INDUSTRIAL LOOP 1.3 STREET ADDRESS STREET ADDRESS **ORANGE PARK FL** CITY-ST-ZIP 1.4 City-St-7/P . Addition DELETE 24 10LF TITLE JACKSON SR. ROBERT F 22 NAME NAME 165 INDUSTRIAL LOOP 2 3 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 2.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STHEET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-7IP

CHY-\$1-70° 14. Thereby 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 suppliemental 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 of the receiver of frustrue empowered to execute this priorit as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or o

4.1 10116

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY - ST - ZIP

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6.4 CITY - S1 - ZIP

5.4 CITY - \$1 - 2IP

DELETE

DELETE

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NAME

TITLE

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CITY-S1-ZIP

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Change

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