

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H29267 (2)  
1. Corporation Name  
JACKIE & CAROL ENTERPRISES, INC.



Principal Place of Business Mailing Address  
7060 BROAD ST 7060 BROAD ST  
BROOKSVILLE FL 34801 BROOKSVILLE FL 34801  
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/08/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2451600	
24 Country		29 Country		30	
				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	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GIST, CHARLES R. 805 BUEAN VISTA BROOKSVILLE FL 34801		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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GIST, CHARLES R.	1.2 NAME	
STREET ADDRESS	805 BUENA VISTA	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	HILLABRAND, JACQUALINE	2.2 NAME	Jacqueline Morgan
STREET ADDRESS	985 COACHLIGHT LANE	2.3 STREET ADDRESS	9110 Devilsneck Rd.
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	Floral City, FL 34436
TITLE	VT	3.1 TITLE	
NAME	GIST, MICHAEL R	3.2 NAME	
STREET ADDRESS	508 LAKE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	400002631834
STREET ADDRESS		5.3 STREET ADDRESS	-09/04/98--01014--003
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Charles R. Gist, Jr. Pd.

8-24-98

352-796-3246

CR2E034 (5/98)