## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **H29267** 1. Corporation Name

JACKIE & CAROL ENTERPRISES, INC.

Country

9. Name and Address of Current Registered Agent

805 BUEAN VISTA 1124 D Barelay Ave. BROOKSVILLE FE 34801 Brooksville, Fl. 34609

25

GIST, CHARLES R.

Principal Place of Business	Mailing Address
7050 BROAD ST	7050 BROAD ST
BROOKSVILLE FL 34601	BROOKSVILLE FL 34601
US	US

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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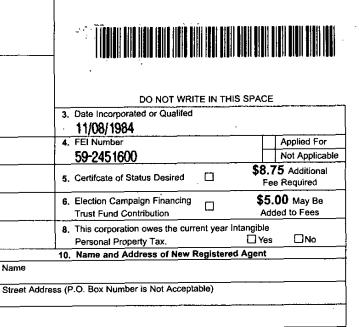
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## FILED Feb 23, 1999 8:00 am **Secretary of State**

02-23-1999 90036 007 \*\*\*150.00



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.

Country

81 Name

82

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84 City

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-								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  OATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE ,	PD	DELETE	1.1 TITLE		] Change	☐ Addition		
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	DELETE	2.1 TITLE		] Change	☐ Addition		
NAME	MORGAN, JACQUALINE		2.2 NAME			1		
STREET ADDRESS	9110 DEVILSNECK RD		2.3 STREET ADDRESS			i		
CITY-ST-ZIP	FLORAL CITY FL 34436		2. 4 CITY-ST-ZIP					
TITLE	VT	□ DELETE	3.1 TITLE		] Change	☐ Addition		
NAME	GIST, MICHAEL R		3.2 NAME					
STREET ADDRESS	506 LAKE STREET		3.3 STREET ADDRESS					
CITY-ST-ZIP	INVERNESS FL		3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		] Change	☐ Addition i		
NAME			4,2 NAME					
STREET ADDRESS			4.3 STREET ADORESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP			P		
TITLE		DELETE	5.1 TITLE	Ľ	] Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS	•				
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE		] Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP		11 (4) 1-4			

indicated on this annual report or 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 changes, on on an attachment with an address, with all other like empowered. 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.

SIGNATURE:

OFFICER OR DIRECTOR

Zip Code

85