

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H62310 (8)**
1. Corporation Name
JACKSON PROPERTIES AND FINANCIAL SERVICES, INC.



Principal Place of Business: **5002 KILKERRIN CT TALLAHASSEE FL 32308 US**
Mailing Address: **P.O. BOX 3971 TALLAHASSEE FL 32315**

2. Principal Place of Business: 21 Site, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Site, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **06/17/1985** 3a. Date of Last Report: **04/21/1995**
4. FEI Number: **59-2646467** 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 s. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**JACKSON, ERWIN D.
5002 KILKERRIN DR.
TALLAHASSEE FL 32308**

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 607.1503, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of officer or director of the corporation

Signature of Registered Agent (signature required after re-appointing)

DATE

12. OFFICERS AND DIRECTORS
TITLE: **P** DELETE
NAME: **JACKSON, ERWIN D.**
STREET ADDRESS: **5002 KILKERRIN CT**
CITY, ST, ZIP: **TALLAHASSEE FL**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, ST, ZIP:
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY, ST, ZIP:
9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY, ST, ZIP:
13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. CITY, ST, ZIP:
17. TITLE: Change Addition
18. NAME:
19. STREET ADDRESS:
20. CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or omitted, and I deal with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96

CR2E034 (12/95)