

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
Division of Corporations

APPROVED  
AND  
FILED

95 MAY -1 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H76780** (6)

1. Corporation Name  
**FERGUSON-JACKSON CORPORATION**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **949 BROOKVIEW LANE ROCKLEDGE FL 32955**  
Mailing Address: **949 BROOKVIEW LANE ROCKLEDGE FL 32955**

3. Date Incorporated or Qualified: **09/18/1985** 3a. Date of Last Report: **04/25/1994**

21. State of Principal Place of Business: <b>21</b>	26. Mailing Address State, Apt # etc: <b>26</b>	4. FEI Number: <b>59-2616627</b>	Applied For: <input type="checkbox"/> Not Applicable
22. State, Apt # etc: <b>22</b>	27. State, Apt # etc: <b>27</b>	5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State: <b>23</b>	28. City & State: <b>28</b>	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. zip: <b>24</b>	25. Locality: <b>25</b>	29. zip: <b>29</b>	30. Locality: <b>30</b>

8. This corporation has liability for intangible tax under § 190.012, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>FERGUSON, CLARENCE 949 BROOKVIEW LANE ROCKLEDGE FL 32955</b>		B1 Name			
		B2 Street Address (P.O. Box Number is Not Acceptable)			
		B3			
		B4 City	<b>FL</b>	B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0402 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 provisions of Section 607.0405, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS (If 12)	
TYPE: <b>PD</b>	<b>FERGUSON, SUSIE 949 BROOKVIEW LANE ROCKLEDGE FL</b>	1. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		2. NAME:	
STREET ADDRESS:		3. STREET ADDRESS:	
CITY & STATE:		4. CITY & STATE:	
TYPE: <b>DS</b>	<b>FERGUSON, CLARENCE 949 BROOKVIEW LANE ROCKLEDGE FL</b>	1. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		2. NAME:	
STREET ADDRESS:		3. STREET ADDRESS:	
CITY & STATE:		4. CITY & STATE:	
TYPE: <b>DV</b>	<b>JACKSON, RUTH 3720 NW 107TH TERR. CORAL SPRINGS FL</b>	1. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		2. NAME:	
STREET ADDRESS:		3. STREET ADDRESS:	
CITY & STATE:		4. CITY & STATE:	
TYPE: <b>DCT</b>	<b>JACKSON, R.L. SR. 3720 NW 107TH TERR. CORAL SPRINGS FL</b>	1. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		2. NAME:	
STREET ADDRESS:		3. STREET ADDRESS:	
CITY & STATE:		4. CITY & STATE:	
TYPE:		5. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6. NAME:	
STREET ADDRESS:		7. STREET ADDRESS:	
CITY & STATE:		8. CITY & STATE:	
TYPE:		9. TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		10. NAME:	
STREET ADDRESS:		11. STREET ADDRESS:	
CITY & STATE:		12. CITY & STATE:	

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and is true and correct and that the corporation stated as has been filed with the Florida Department of State. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if I were a shareholder. I am an officer or director of the corporation or the receiver or trustee or assignee of the corporation and I have signed this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attachment with an original.

SIGNATURE: *Clarence Ferguson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CLARENCE FERGUSON**

4-26-95 (407) 636-0415