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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # H83024

1. Corporation Name
T.D. JACKSON & CO.

Principal Place of Business

Mailing Address

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90155 038 \*\*\*150.00



2326 23RD CIRCLE P O BOX 15156 PANAMA CITY CI 32405 PANAMA CITY FL 32406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/29/1985 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2662397 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & 5 tate 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zin 8. This corporation owes the current year Intangible JNo Personal Property Tax. ☐ Yes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JACKSON, T.D. Street Address (P.O. Bo). Number is Not Acceptable) 2326 23RD CIRCLE PANAMA CITY FL 32405 83 Zip Code 84 City 85 FL

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.

DATE Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature req ared when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 □ DELETE 1.1 TITLE ☐ Change ☐ Addition PST TITLE JACKSON, T D 1.2 NAME NAME 2326 23RD ST. 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 2.1 TITLE Change TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition \_\_ DELETE ☐ Change TITLE 51 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 it ustee empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or obtain attachment with an arguments, with all other like empowered.

SIGNATURE:

T. D. SACKSON, PRIS 1000

4124199

(850) 769-7664 Daytim Phone #

CR2E034 (11/98)