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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J38752 (8)**
1. Corporation Name
J.C. LUCKETT, INC.

Principal Place of Business Mailing Address
6009 EAGLES WEST DR **6009 EAGLES NEST DR**
JUPITER FL 33458 **JUPITER FL 33458**
US **US**

3. Date Incorporated or Qualified **10/21/1986** 3a. Date of Last Report **06/01/1994**
4. FEI Number **59-2728159** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
EDWARDS, ROBERT ARTHUR
2100 45TH ST.
SUITE 411
WEST PALM BCH FL 33407

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, ROBERT ARTHUR	2. NAME	
STREET ADDRESS	2100 45TH ST STE 19	3. STREET ADDRESS	
CITY - ST - ZIP	W. PALM BCH. FL	4. CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, LINDA M.	2.2 NAME	
STREET ADDRESS	2100 45TH ST STE 19	2.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BCH. FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCKETT, JOHN W.	3.2 NAME	
STREET ADDRESS	6009 EAGLES WEST DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCKETT, MARION R.	4.2 NAME	
STREET ADDRESS	6009 EAGLES WEST DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(b), 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: *J. Luckett* **4-3-95 407-743-9632**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Initials/Phone #)