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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J47872 (3)

1. Corporation Name
J & L OF FRUITLAND, INC.



Principal Place of Business Mailing Address
% JAMES N. JACKSON % JAMES N. JACKSON
STAR ROUTE, 47E STAR ROUTE, 47E
CRESCENT CITY FL 32012 CRESCENT CITY FL 32012

3. Date Incorporated or Qualified 12/18/1986 3a. Date of Last Report 03/06/1996

2. Principal Place of Business 2a. Mailing Address
21 1849 CTY. RD. 308 26 P.O. Box 773
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 CRESCENT CITY, FL. 28 CRESCENT CITY, FL.
Zip Country Zip Country
24 32112 25 PUTNAM 29 32112 30 PUTNAM

4. FEI Number 59-2795092 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
JACKSON, JAMES N.
STAR ROUTE, 47E
CRESCENT CITY FL 32012

10. Name and Address of New Registered Agent
81 Name JAMES N. JACKSON
82 Street Address (P.O. Box Number is Not Acceptable) 1849 COUNTY ROAD 308
83
84 City CRESCENT CITY FL 85 Zip Code 32112

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.

SIGNATURE: Signature, typed or printed name of registered agent, and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JAMES N.	1.2 NAME	
STREET ADDRESS	P.O. BOX 773, NA	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKHART, WILLIAM J.	2.2 NAME	
STREET ADDRESS	275 INDIGO DR., #210	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 changed, or on an attachment with an address

SIGNATURE: *James N. Jackson* JAMES N. JACKSON 1-7-97 904-467-9286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)