FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J48477** **(0)**

1. Corporation Name
JACK ATTKISSON, INC.

Principal Place of Business
~~2022 CAMELOT DRIVE~~
~~CLEARWATER FL 34623~~
~~US~~
1809 Marys Meadow Ln
Palm Harbor, FL 34683

Mailing Address
~~1497 MAIN STREET~~
~~BOX 348~~
~~DUNEDIN FL 34698~~
1809 Marys Meadow Ln
Palm Harbor, FL 34683

2. Principal Place of Business
21 1809 Marys Meadow Ln
Suite, Apt. #, etc.
22
City & State
23 Palm Harbor, FL
Zip 24 34683 Country 25 USA

2a. Mailing Address
26 1809 Marys Meadow Ln
Suite, Apt. #, etc.
27
City & State
28 Palm Harbor, FL
Zip 29 34683 Country 30 USA

3. Date Incorporated or Qualified: 12/23/1986
3a. Date of Last Report: 03/16/1995
4. FEI Number: 59-2749557 [ ] 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**
ATTKISSON, JACK W.
1809 MARYS MEADOW LANE
PALM HARBOR FL 34683

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 607.1508, 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 of a corporate officer or registered agent and title if applicable — Printed Name of Registered Agent or Signature of a corporate officer — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	ATTKISSON, JACK W.	
STREET ADDRESS	1809 MARYS MEADOW LANE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	[ ] DELETE
NAME	ATTKISSON, CHARLOTTE A.	
STREET ADDRESS	1809 MARYS MEADOW LANE	
CITY-ST-ZIP	PALM HARBOR 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

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 if changed, or on an attachment with an address.

SIGNATURE: Charlotte A. Attkisson — 4/2/96 — 813 781-5772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)