FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

~~1996~~ 1997

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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # J48477 (0)

1. Corporation Name
JACK ATTKISSON, INC.

Principal Place of Business	Mailing Address
1809 Marys Meadow Ln Palm Harbor, FL 34683	1809 Marys Meadow Ln Palm Harbor, FL 34683

3. Date Incorporated or Qualified: 12/23/1986
3a. Date of Last Report: 04/02/96

2. Principal Place of Business	2a. Mailing Address
21 18734 Lansford Dr	26 18734 Lansford Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hudson, FL	City & State 28 Hudson, FL
Zip / Country 24 34667 / 25 USA	Zip / Country 29 34667 / 30 USA

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): 18734 Lansford Dr
83
84 City: Hudson FL 85 Zip Code: 34667

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ATTKISSON, JACK W. 1809 MARYS MEADOW LANE PALM HARBOR FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD 18734 Lansford Dr Hudson, FL 34667	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ATTKISSON, CHARLOTTE A. 1809 MARYS MEADOW LANE PALM HARBOR FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S 18734 Lansford Dr Hudson, FL 34667	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	100002169911 -05/07/97--01093--016 ***165.00	

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)(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: Charlotte A. Attkisson 4/23/97 813 863-9075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0361324