*** FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 ***

CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name: JERRY FIXEL, INC.

DOCUMENT # J55547

Mailing Address	Principal Place of Business
% JACOB FIXEL 11839 BRADY RD. JACKSONVILLE, FL 32223	% JACOB FIXEL 11839 BRADY RD. JACKSONVILLE, FL. 32223

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 02/05/1987

3a. Date of Last Report: 07/15/1995

4. FEI Number: 59-2757579 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required ☐

6. Electronic Copies Requested ☐ — $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

FIXEL, JACOB
11839 BRADY RD.
JACKSONVILLE, FL. 32223

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (Date Registered Agent Signature Required Effective July 1)

12. OFFICERS AND DIRECTORS		**13.** CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD	1.1 TITLE	
1.2 NAME	FIXEL, JACOB	1.2 NAME	
1.3 STREET ADDRESS	11839 BRADY ROAD	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
2.1 TITLE	ST	2.1 TITLE	
2.2 NAME	FIXEL, MICHAEL	2.2 NAME	
2.3 STREET ADDRESS	FRUIT COVE RD.	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	800001854048
6.2 NAME		6.2 NAME	-06/06/96--01088--052
6.3 STREET ADDRESS		6.3 STREET ADDRESS	***200.00
6.4 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 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JACOB FIXEL — 4/28/96 — 904 268-2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/1/96