

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J93693

(6)

1. Corporation Name

T.J. JACKSON AND ASSOCIATES INC.

Principal Place of Business

76 BRUEN ST.
P.O. BOX 588
ST. AUGUSTINE FL 32085

Mailing Address

76 BRUEN ST.
P.O. BOX 588
ST. AUGUSTINE FL 32085

FILED
95 JUL 19 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/17/1987

3a. Date of Last Report
10/05/1994

4. FBI Number
59-2845905

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. 189.032,
Florida Statutes



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

JACKSON, THOMAS J., II
76 BRUEN ST.
ST. AUGUSTINE FL 32085

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

Thomas J. Jackson, Pres
Signature, typed or printed name of registered agent and title if applicable.

Thomas J. Jackson, Pres
(NOTE: Registered Agent signature required when reinstating)

7/12/95
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPT
JACKSON, THOMAS J.
917 CHIPPEWA ST.
ST. AUGUSTINE FL 32086

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DSV
JACKSON, BARBARA P.
917 CHIPPEWA ST.
ST. AUGUSTINE FL 32086

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JOHNSON, ALPHONSO
707 N 13TH STREET
FT. PIERCE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(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

Thomas J. Jackson II, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/95 (904) 829-6676
Date Daytime Phone #

CP2E034 (3/95)