

PROJECT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # K07668 (2)

Principal Place of Business Mailing Address
JAC-MO, INC. **JAC-MO, INC.**
2501 NW 39TH ST **2501 NW 39TH ST**
BOCA RATON, FL 33434-4443 **BOCA RATON, FL 33434-4443**

2. Principal Place of Business 2a. Mailing Address
21 2501 NW 39TH ST **26**
Suite Apt. #, etc. Suite Apt. #, etc.
22 **27**
City & State City & State
23 BOCA RATON, FL **28**
Zip Country Zip Country
24 33434-4443 **25 USA** **29** **30**

3. Date Incorporated or Qualified **12/14/1987** 3a. Date of Last Report **1996**
4. FEI Number **650018415** 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
C. R. SHAMEL, JR.
212 NORTH FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441

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 *C. R. ShameL, Jr.* (NOTE: Registered Agent signature required when reinstating) **4/25/97** DATE

12. OFFICERS AND DIRECTORS
TITLE P/D DELETE
NAME **MOORE, JACK J.**
STREET ADDRESS **2501 NW 39TH ST**
CITY-ST-ZIP **BOCA RATON, FL**
TITLE S/T/D DELETE
NAME **MOORE, PHYLLIS A.**
STREET ADDRESS **2501 NW 39TH ST**
CITY-ST-ZIP **BOCA RATON, FL**
TITLE V DELETE
NAME **MCMILLAN, SCOTT R.**
STREET ADDRESS **3912 NW 25TH WAY**
CITY-ST-ZIP **BOCA RATON, FL**
TITLE T DELETE
NAME **LURACHY, SANDRA**
STREET ADDRESS **2501 NW 39 ST**
CITY-ST-ZIP **BOCA RATON, FL 33434**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS P. 12
1.1 TITLE Change ☐ Addition ☐
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE **S/D** 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 **T MCMILLAN, THERESA**
4.3 STREET ADDRESS **3912 NW 25TH WAY**
4.4 CITY-ST-ZIP **BOCA RATON, FL**
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
600002165346
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*****165.00**

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, the 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: *Jack J. Moore* **JACK J. MOORE, PRESIDENT** **4/28/97** **561-393-7009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR