

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90030 006 ***150.00

DOCUMENT # K33407

1. Corporation Name

~~JACKSON SERVICES, INC.~~
JACKSON ENTERPRISES, INC.

Principal Place of Business

~~6301 TAYLOR RD.~~
~~NAPLES FL 33942-1840~~

Mailing Address

~~6301 TAYLOR RD.~~
NAPLES FL 33942-1840

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1988

4. FEI Number

65-0074715

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 399 SHARWOOD DR

2a. Mailing Address

26 399 SHARWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES, FL.

City & State

28 NAPLES, FL.

Zip

24 34110

Country

25 COLLIER

Zip

29 34110

Country

30 COLLIER

9. Name and Address of Current Registered Agent

JACKSON, FRED M.
6301 TAYLOR RD.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

FRED M. JACKSON

82 Street Address (P.O. Box Number is Not Acceptable)

399 SHARWOOD DR

83

84 City

NAPLES

FL

85 Zip Code

34110

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PST
JACKSON, FRED M.
STREET ADDRESS
399 SHARWOOD
CITY-ST-ZIP
NAPLES FL

TITLE ☐ DELETE

NAME
V
JACKSON, FRED M.
STREET ADDRESS
399 SHARWOOD
CITY-ST-ZIP
NAPLES 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 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; 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED M. JACKSON

Date

Daytime Phone #

2-25-99 (941) 597-1904

CR2E034 (1/98)

0458780