

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 11 PM 2:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K41429 (7)

1. Corporation Name

JACK CANNON & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**C/O JACK CANNON
243 SOUTHWEST THIRD ST.
WINTER HAVEN FL 33880**

**C/O JACK CANNON
243 SOUTHWEST THIRD ST.
WINTER HAVEN FL 33880**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/27/1988

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2921406

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**

Trust Fund Contribution

☐

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Zip

31 Country

9. Name and Address of Current Registered Agent

**CANNON, JACK
243 SOUTHWEST THIRD ST
WINTER HAVEN FL 33880**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD
CANNON, JACK
243 S.W. THIRD ST
WINTER HAVEN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
SCHOLTEN, KAREN CANNON
1580 FOX RIDGE RUN
WINTER HAVEN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
CLEVELAND, DONALD E. JR.
409 6TH ST
DUNDEE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
CANNON, POLLYANNA
243 S.W. THIRD ST
WINTER HAVEN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
BRICKNER, JAMES H.
6727 JENNY DRIVE
LAKE WALES FL**

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)(b), 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 this corporation or the recorder 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 Cannon **JACK CANNON** 4/7/95 (813) 293-8582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR