

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K86733** (8)

1. Corporation Name

HILTON, JACKSON & ASSOCIATES, INC.

Principal Place of Business

**3960 COASTAL HWY #A
ST. AUGUSTINE FL 32095**

Mailing Address

**3960 COASTAL HWY #A
ST. AUGUSTINE FL 32095**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1989

3a. Date of Last Report

05/01/1994

4. FCI Number

75-2231349

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**TOMASETTI, A. JEFFREY
804 ATLANTIC AVE
FERNANDINA BEACH FL 32034**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Change of Registered Agent

Signature of Registered Agent or Change of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **JACKSON, JOHN H.**
STREET ADDRESS **3960 COASTAL HWY #A**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE **S**
NAME **JACKSON, JOHN R.**
STREET ADDRESS **2227 LOCUST**
CITY-ST-ZIP **DENVER CO 80207**

TITLE **D**
NAME **JACKSON, JAMES R.**
STREET ADDRESS **P.O. BOX 5214 (NA)**
CITY-ST-ZIP **RALEIGH NC 27650**

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. TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 119.07(9)(b), Florida Statutes. I further certify 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 in an attachment with an address.

SIGNATURE:

John H. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Jackson President

DATE

4/24/96

904 825 2835