

**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

**APPROVED  
AND  
FILED**

**95 APR 17 PM 1:04**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # L20344 (2)**

1. Corporation Name  
**JACKSON-ARCH ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**#101 LUTZ LAKE FERN ROAD      P.O. BOX 717  
ODESSA FL 33556                      ODESSA FL 33558**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/02/1989                                      05/01/1994**

4. FEI Number      Applied For / Not Applicable  
**59-2977894                                      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       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      28. Zip

24. Country      25. Country      29. Country      30. Country

**9. Name and Address of Current Registered Agent**

**SCOTT, LAWRENCE L.  
304 PLANT AVENUE  
TAMPA FL 33606**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>JACKSON, ALBERT</b>
STREET ADDRESS	<b>6009 SOARING AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>ARCH, ROY C.</b>
STREET ADDRESS	<b>PO BOX 488 N/A</b>
CITY-ST-ZIP	<b>ODESSA FL</b>
TITLE	<b>D</b>
NAME	<b>SCOTT, LAWRENCE L.</b>
STREET ADDRESS	<b>304 PLANT AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(4), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 13, 1995 (8/3) 920-2778**