FEB. 0 5 1997 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L20344

JACKSON-ARCH ENTERPRISES, INC.

FILED										
Feb	13	1997	8:00am							
Se	cre	tary c	of State							



Principal Place of Business Mailing Address						I INDICATE DE SERVICION CONTRACTOR DE LA COLOR DEL COLOR DE LA COLOR DEL COLOR DE LA COLOR		1811 A1A11 B181	## B1849 #B84
8101 LUTZ LAK ODESSA FL 33		P.O. BOX 717 ODESSA FL 33556							
						3. Date Incorporated or Qualified 10/02/1989		ate of Last)2/1996	
2. Principal P	Place of Business	2a. Mailing Address	S			4. FEI Number			Applied For
21		26				59-2977894			Not Applicable
Suite, Apt.		Suite, Apt. #, et	c.			5. Certificate of Status Desired		Fee	Additional Required
City & Stat		City & State	1 :			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zip	— —	untry		8. This corporation has liability for			s. 199.032,
24	25	29	30	ī		Florida Statutes 10. Name and Address of New Re	Yes [
	9. Name and Address of Curr	ent Hegistered Agent		81	Name	10. Name and Address of New Re	Gircalac	Agent	
	ITT, LAWRENCE L.			"	INALLIE	<u></u>			
304 PLANT AVENUE TAMPA FL 33606				82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
				83					
				84	City		FL	85 Zi	p Code
agent. I a	am familiar with, and accept the obling standard systemed.	igations of, Section 607.05 agent and title if applicable.	05, Florida Sta (NOTE Registere	tutes d Age	S.	tion's board of directors. I hereby acceptions are the second of directors. I hereby acceptions are the second of	DATE.		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AN		
TITLE	D ALONOON ALBERT	☐ DELE						Change	e 🔲 Addition
NAME	JACKSON, ALBERT		1.2 N						
STREET ADDRESS	6009 SOARING AVENUE				ADDRESS				
CITY-ST-ZIP	TAMPA FL	I DELE		ITY-S	T-ZIP			Change	e Addition
TITLE	D ADOL DOV C	☐ DELE						Change	3 AUGILION
NAME	ARCH, ROY C. PO BOX 468 N/A			IAME					
STREET ADDRESS	ODESSA FL				ADDRESS				
CITY-ST-ZIP	DDESSA FL	DELE			ST-ZIP			Change	e Addition
NAME	SCOTT LAWRENCE L.	DECC.		IAME				and country	- Li Addition
	204 DLANT AVENUE				ADDRESS				
STREET ADDRESS	TAMPA FI				ST-ZIP				
CITY-ST-ZIP '	**************************************	DELE			31 - 211			Change	e
NAME				NAME				•	
STREET ADDRESS			i		ADDRESS				
CITY-ST-ZIP				iTY-S					j
TITLE		DELE						Change	e 🔲 Addition
NAME				IAME					
STREET ADORESS					ADDRESS				
CITY-ST-ZIP				HTY-S	i				
TITLE		DELE DELE						☐ Chang	e Addition
NAME		_ _		IAME				_	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				OTY - S	Ì				
0.11 01 2"						11 0 C 110 07(0V) C 111 011 011	1.6.11		

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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chaptey 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

POESIDEATT