SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** Jul 25 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # L28529** (0) HOWARD G. JACKSON, INC. Principal Place of Business Mailing Address P.O. BOX 192 P.O. BOX 192 WINTER BEACH FL 32971-0192 WINTER BEACH FL 32971-0192 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/06/1989 01/23/1996 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0164569 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Flection Campaign Financing  $\Box$ Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GARRIS, CHARLES E 817 BEACHLAND BLVD Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 **A**3 Zip Code 84 City 85 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 agrint and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1.1 TITLE JACKSON, HOWARD G 1.2 NAME NAME 3435-67 ST. 1.3 STREET ADDRESS STREET ADDRESS WINTER BEACH FL 1.4 CITY-ST-ZIP C/TY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE ANDERSON, JANET W. NAME 2.2 NAME 6020 65TH ST. STREET ADDRESS 2.3 STREET ADDRESS WINTER BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 4.1 TITLE 117LE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TOLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CiTY-ST-7/P CITY-ST-ZIP 14. 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 Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

H CALLEY D

**FILED**