

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90093 004 ***150.00

DOCUMENT # L70175
1. Entity Name
JACKSON FAMILY HOMES, INC.

Principal Place of Business	Mailing Address
100 QUIET WATER TRAIL SANTA ROSA BCH SEA BREEZE FL 32459 US	100 QUIET WATER TRAIL SANTA ROSA BCH SEA BREEZE FL 32459 US

2. Principal Place of Business 448 Bond Road	3. Mailing Address 448 Bond Road
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Suite, Apt. #, etc. DeFuniak Springs Fl	Suite, Apt. #, etc.
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City & State <u>Springfield, IL</u>	City & State <u>De Funiak Springs FL</u>
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Zip 32435	Country Walton	Zip 32435	Country Walton
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6. Name and Address of Current Registered Agent	
JACKSON, M. WADE 100 QUIET WATER TRAIL SANTA ROSA BCH FL 32459	Name
	Street Address (
	City

4. FEI Number 59-3011800	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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[illegible]

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Wade Jackson 4-28-02 (850) 892 4857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #