

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000016947 (2)**

1. Corporation Name

JACKSON ROOFING COMPANY, INC.

Principal Place of Business

**902 E GADSDEN ST
PENSACOLA FL 32501
US**

Mailing Address

**PO BOX 13543
PENSACOLA FL 32591
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1993

4. FEI Number

59-3171327

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 176 W. Airport Blvd

2a. Mailing Address

26 P.O. Box 15015

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PENSACOLA, FL

City & State

28 PENSACOLA, FL

Zip

24 32505

Country

25 U.S.A.

Zip

29 32514

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**HEATH, ROBERT N JR
902 EAST GADSDEN STREET
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name KEVIN N. JACKSON

**82 Street Address (P.O. Box Number is Not Acceptable)
175 W. Airport Blvd.**

83

84 City PENSACOLA

FL

85 Zip Code 32505

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

Kevin N. Jackson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE PD
NAME JACKSON, KEVIN N
STREET ADDRESS 1040 E. OLIVE ROAD
CITY-ST-ZIP PENSACOLA FL**

☐ DELETE

**TITLE S
NAME ELLIS, ROBERT K.
STREET ADDRESS 312 DOGWOOD DRIVE, LOT #5
CITY-ST-ZIP PENSACOLA FL**

☐ DELETE

**TITLE V
NAME THOMPSON, CHARLES W.
STREET ADDRESS 1801 N. BORDER STREET, LOT #45
CITY-ST-ZIP PENSACOLA FL**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

14. 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 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 on an attachment with an address.

SIGNATURE:

Kevin N. Jackson

KEVIN N. JACKSON

4-15-98

850-474-4828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0815102

CR2E034 (10/97)