1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000016947 1. Corporation Name

JACKSON ROOFING COMPANY, INC.

Principal Place	BLVD	Mailing Addres POB 15095 PENSACOLA FL			· -	. .						
PENSACOLA FL 32505 US		U\$	32314					D	O NOT WR	TE IN TH	IS SPACE	
		· · ·		-		는 V		Date Incorporated 02/08/1993	or Qualifed	• • •	•	
2. Principal PI	ace of Business	2a. Mailing Add	dress				4.	FEI Number				Applied For
21		26						59- 3171327				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.					Certifcate of Statu	o Donirod		\$8.7	5 Additional
22		27					J.	Certificate of Stati	is Desired		Fee	Required
City & State	9	City & Stat	е				6.	Election Campaig	n Financing			0 May Be
23		28						Trust Fund Contri				d to Fees
Zip	Country	Zip	,	Cour	itry		8.	This corporation of		rent year		
24	25	29		30			<u> </u>	Personal Property		D:-4	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent	<u>. </u>		81	Name	10.	Name and Addre	ess of New	Kegistere	a Agent	
JACK	SON, K N			1	"	Name						
	N AIRPORT BLVD				82	Street Ad	ldress (P	.O. Box Number is	Not Accept	able)		
	SACOLA FL 32505			F	83	_			-			
					83							
	•			ļ	84	City					85 Z	ip Code
				- 1	- 1							ito registered
			11 01 11	1							of obonging	
office or n	to the provisions of Sections 607.05	e of Florida. Such cha	inge was ai	utnonzed	DV tn	named co	rporation ation's bo	n submits this state pard of directors. I	ement for the hereby acce	purpose pt the app	of changing pointment as	registered
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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 attacfment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

YURE REQUIRED

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90029 010 ***150.00