

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000028983 (3)

95 APR 13 PM 2:13

1. Corporation Name

JACKSON TOTAL SERVICE, INC.

Principal Place of Business

3727 ENTERPRISE AVE
NAPLES FL 33942
US

Mailing Address

PO BOX 9589
NAPLES FL 33941
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1993

3a. Date of Last Report

02/22/1994

4. FEI Number

65-0406161

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASTIAN, RUBEN
3727 ENTERPRISE AVE
NAPLES FL 33942

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 below of registered agent and filed if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	ABBOTT, RICHARD R
STREET ADDRESS	256 PEBBLE BEACH CIR
CITY - ST - ZIP	NAPLES FL
TITLE	PTD
NAME	PASTIAN, RUBEN
STREET ADDRESS	1063 29TH AVE N
CITY - ST - ZIP	NAPLES FL
TITLE	VD
NAME	KINGSTON, NEILISA
STREET ADDRESS	123 FOX GLEN DRIVE
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	WEITHMAN, GILBERT
STREET ADDRESS	6000 PELICAN BAY BLVD
CITY - ST - ZIP	NAPLES FL 33963
TITLE	D
NAME	KURIMAY, WENDY
STREET ADDRESS	2002 FOUNTAIN VIEW LANE #204
CITY - ST - ZIP	NAPLES FL 33942
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	RINGO, NEILISA
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☒ Change ☐ Addition
52 NAME	12672 HUNTERS RIDGE DR
53 STREET ADDRESS	BONITA SPRINGS, FL 33923
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ruben Pastian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUBEN PASTIAN

4-8-95

(813)643-0923