

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000028983 (3)

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

3. Date Incorporated or Qualified

04/19/1993

3a. Date of Last Report

04/13/1995

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

8. 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

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

PASTIAN, RUBEN  
3727 ENTERPRISE AVE  
NAPLES FL 33942

10. Name and Address of New Registered Agent

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE  
NAME ABBOTT, RICHARD R  
STREET ADDRESS 256 PEBBLE BEACH CIR  
CITY-ST-ZIP NAPLES FL

TITLE PTD ☐ DELETE  
NAME PASTIAN, RUBEN  
STREET ADDRESS 1063 29TH AVE N  
CITY-ST-ZIP NAPLES FL

TITLE VD ☐ DELETE  
NAME RINGO, NEILISA  
STREET ADDRESS 123 FOX GLEN DRIVE  
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE  
NAME WEITHMAN, GILBERT  
STREET ADDRESS 6000 PELICAN BAY BLVD  
CITY-ST-ZIP NAPLES FL 33963

TITLE D ☒ DELETE  
NAME KURIMAY, WENDY  
STREET ADDRESS 12672 HUNTERS RIDGE DR  
CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

DIRECTOR  
PAUL DEAN JACKSON  
310 BURNING TREE DRIVE  
NAPLES, FL 33942

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-96 (941) 643-0923

CR2E034 (12/95)