

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90025 021 \*\*\*150.00

DOCUMENT # P93000028983

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

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3727 Enterprise Ave

2a. Mailing Address

26 P.O. BOX 9589

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Naples FL

City & State

28 Naples FL

Zip Country

24 34104 25

Zip Country

29 34101 30

9. Name and Address of Current Registered Agent

PASTIAN, RUBEN  
3727 ENTERPRISE AVE  
NAPLES FL 34104

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 ☐ DELETE

NAME ABBOTT, RICHARD R  
STREET ADDRESS 256 PEBBLE BEACH CIR  
CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME RINGO, NEILISA  
STREET ADDRESS 123 FOX GLEN DRIVE  
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME JACKSON, PAUL DEAN  
STREET ADDRESS 310 BURNING TREE DRIVE  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
N. Ringo

4/29/99

941-643-0923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0453885