FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000061813 (0)**

1. Corporation Name
JACK LOFTON, INC.

Principal Place of Business
442 ALACHUA DR SE
WINTER HAVEN FL 33884

Mailing Address
442 ALACHUA DR SE
WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1993
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21 422 Alachua Dr, SE
22 Suite Apt # etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 422 Alachua Dr, SE
27 Suite Apt # etc
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3204695 — 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

9. Name and Address of Current Registered Agent
LOFTON, JACK
442 ALACHUA DR SE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 422 Alachua Dr, SE
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

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	LOFTON, JACK
STREET ADDRESS	442 ALACHUA DR SE
CITY ST ZIP	WINTER HAVEN FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	422 Alachua Dr, SE
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 attached sheet with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 — Date

813-324-2244 — Daytime Phone #

0316545 CP