PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061813

JACK LOFTON, INC.

, 6.161. 261 7610,

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

04-26-1999 90147 022 ***150.00



Principal Place	of Business	Mailing Address				
422 ALACHUA DR., SE WINTER HAVEN FL 33884		422 ALACHUA DR., SE WINTER HAVEN FL 33884			DO NOT WRITE IN THIS SPACE	
US		US	J\$		3. Date Incorporated or Qualified	
					- '	
		T 20 Maritime Address			08/30/1993 4. FEI Number Applied Fo	
, `	ace of Business	2a. Maiting Address			59-3204695 No Applica	$\overline{}$
Suite, Apt.	# oto	Suite, Apt. #, etc.			\$8.75 Additiona	_
22		27 BOX 106			5. Certificate of Status Desired Fee Required	
City & State		28 TAJUKSUIG, MS			6. Electic n Campaign Financing Trust Fund Contribution S Added to Fees	
Zip Country		Zip Country		-	8. This exporation owes the current year Intangible	ļ
24	25		<u>o</u> <i>U</i>	5	Personal Property Tax.	
	9. Name and Address of Curren	n Registered Agent	8	1 Name	10. Name and Address of New Registered Agent	
LOS	TON IACK		ľ	i ivallie		
LOFTON, JACK 422 Alachua dr., se			82	2 Street A	t Address (P.O. Bo) Number is Not Acceptable)	
MINT	TER HAVEN FL 33884		8:	3		
			84	1	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					a required when reinstating) DATE	-
40	Signature, typed or printed na ne of registered age		legistered Ag	ent signature re	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
12.		ID DIRECTORS DELETE	1.1 TITLE		☐ Change ☐ Ad	
TITLE	PSTD		1.2 NAME	1		\ \
NAME	LOFTON, JACK			ET ADDRESS		
STREET ADORE 3S	422 ALACHUA DR., SE		1.5 STAL			ì
CITY-ST-ZIP	WINTER HAVEN FL	DELETE 2.1			☐ Change ☐ Ad	ddition
NAME		<u> </u>	2.2 NAME			
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i			2. 4 CITY			- 1
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TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Ad	ddition
NAME			6.2 NAME			j
STREET ADDRESS			6.3 STRE	ET ADDRESS	s	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	A CONTRACTOR OF THE CONTRACTOR	

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 of the receiver or trustee empowered to εxecute 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 attacking with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-59

601-125-4478 Dayurne Phone #

CR2E034 (11/98)