

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 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90170 001 \*\*\*150.00

DOCUMENT # P93000080243

1. Corporation Name  
C. JACKSON'S, INC.

Principal Place of Business  
108 ELDREDGE RD.  
FT. WALTON BEACH FL 32547

Mailing Address  
108 ELDREDGE RD.  
FT. WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/22/1993

4. FEI Number  
59-3214715

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

28

Suite, Apt. #, etc.

29

Suite, Apt. #, etc.

30

Suite, Apt. #, etc.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCINNIS, C. JEFFREY  
909 MAR WALT DR.  
SUITE 1014  
FT. WALTON BEACH FL 32547

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

OFFICERS AND DIRECTORS

D	JACKSON, CLYDE A	<input type="checkbox"/> DELETE
1. ADDRESS	108 ELDREDGE RD.	
2. ST. ZIP	FT. WALTON BEACH FL 32547	
D	WALKER, RODNEY L	<input type="checkbox"/> DELETE
1. ADDRESS	106-B STAR DR.	
2. ST. ZIP	FT. WALTON BEACH FL 32548	
		<input type="checkbox"/> DELETE
1. ADDRESS		
2. ST. ZIP		
		<input type="checkbox"/> DELETE
1. ADDRESS		
2. ST. ZIP		
		<input type="checkbox"/> DELETE
1. ADDRESS		
2. ST. ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLYDE A. JACKSON

4-29-99

850-862-4988

CR2E034 (11/98)