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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000011586 (2)

1. Corporation Name
J. PACHECO, JR., INC.

Principal Place of Business
513 N. FALKENBURG RD.
TAMPA FL 33619

Mailing Address
513 N. FALKENBURG RD.
TAMPA FL 33619-7878

3. Date Incorporated or Qualified
02/08/1994

3a. Date of Last Report
07/11/1996

2. Principal Place of Business
21 10187 FISHER AVE.
Suite, Apt. #, etc.

2a. Mailing Address
26 10187 FISHER AVE.
Suite, Apt. #, etc.

4. FEI Number
59-3227596

Applied For
Not Applicable

22 City & State
TAMPA, FL.

27 City & State
TAMPA, FL.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip
33619

28 Zip
33619

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 Country
HUSBARD.

30 Country
HUSBARD.

9. Name and Address of Current Registered Agent

GARDNER, JOHN W
206 MASON STREET
BRANDON FL 33511

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVTD
NAME PACHECO, JR. J.E.
STREET ADDRESS 513 N. FALKENBURG RD.
CITY-ST-ZIP TAMPA FL

1.1 TITLE PVTD
1.2 NAME PACHECO, JR. J.E.
1.3 STREET ADDRESS 513 N. FALKENBURG RD.
1.4 CITY-ST-ZIP TAMPA, FL 33619

TITLE S
NAME PACHECO, ANNETTE
STREET ADDRESS 513 N. FALKENBURG RD.
CITY-ST-ZIP TAMPA FL

2.1 TITLE S
2.2 NAME PACHECO, ANNETTE
2.3 STREET ADDRESS 513 N. FALKENBURG RD.
2.4 CITY-ST-ZIP TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0364780

CR2E034 (9/96)