FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 28 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 # **P94000013027 (5)**

1. Corporation Name
JACKSON & PEREZ, INC.

Principal Place of Business	Mailing Address
2766 LOGANDALE DRIVE ORLANDO FL 32817	2766 LOGANDALE DRIVE ORLANDO FL 32817-2766

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report: 06/13/1996

2. Principal Place of Business	2a. Mailing Address
21 222 S. Westmonte Dr.	26 222 S. Westmonte Dr
Suite, Apt. #, etc. 22 Suite 112	Suite, Apt. #, etc. 27 Suite 112
City & State 23 Altamonte Springs, FL	City & State 28 Altamonte Springs, FL
Zip / Country 24 32714 / 25 USA	Zip / Country 29 32714 / 30 USA

4. FEI Number: 59-3226313 ☐ 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	10. Name and Address of New Registered Agent
JACKSON, LAURA E 2766 LOGANDALE DRIVE ORLANDO FL 32817	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 222 S. Westmonte Dr, Suite 112 83 84 City: Altamonte Springs FL 85 Zip Code: 32714

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PEREZ, GILDA N	1.2 NAME	
STREET ADDRESS	2766 LOGANDALE DR.	1.3 STREET ADDRESS	222 S. Westmonte Dr, Suite 112
CITY-ST-ZIP	ORLANDO FL 32817	1.4 CITY-ST-ZIP	Altamonte Springs, Fl 32714
TITLE	TD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	JACKSON, LAURA	2.2 NAME	
STREET ADDRESS	2766 LOGANDALE DRIVE	2.3 STREET ADDRESS	222 S. Westmonte Dr., Suite 112
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	SD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	LONGFIELD, JUDY Y	3.2 NAME	
STREET ADDRESS	2766 LOGANDALE DRIVE	3.3 STREET ADDRESS	1412 Astor Avenue
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Ann Arbor, Mi 48104
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Laura E. Jackson REQUIRED — 3/24/97 — (407) 869-5755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #