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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000013610 (8)**1. Corporation Name

UNION JACK, INC. Principal Place of Business Mailing Address 15920 LAKE CANDLEWOOD DRIVE 15920 LAKE CANDLEWOOD DRIVE FT. MYERS FL 33908-1790 FT. MYERS FL 33908 3. Date Incorporated or Qualified 3a. Date of Last Report 02/08/1994 05/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0471163 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PENTITH, DEANNA L 15920 LAKE CANDLEWOOD DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33908 83 84 City 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 Infinition with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE Change Addition 11 TITLE TULLE PENTITH, A S NAME 1.2 NAME 15920 LAKE CANDLEWOOD DRIVE STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 33908 1.4 CITY - ST - ZIP CHTY-ST-ZIE DELETE 2.1 TITLE Change Addition THE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE THE NAME 3.2 NAME STHEET ADDRESS 3 3 STREET ADDRESS City-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THE 4. 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-76 DELETE TIBLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS COTY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS CITY - \$1 - 20F 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

attachment with an address