FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000014007 (6)**

1. Corporation Name
JACK H. EUBANK, INC.

Principal Place of Business
3516 36TH AVE E
PALMETTO FL 34221

Mailing Address
3516 36TH AVE E
PALMETTO FL 34221

3. Date Incorporated or Qualified: **02/17/1994**
3a. Date of Last Report: **08/02/1995**
4. FEI Number: **65-0478011** (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

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

9. Name and Address of Current Registered Agent

EUBANK, JACK H
3516 36TH AVE E
PALMETTO FL 34221

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 607.1403, Florida Statutes, this document is also designated as the Annual Report for the purpose of changing its registered office or registered agent, or both, and the address of the registered office and the address of the registered agent of the Florida corporation named below, to be effective upon filing with the Department of State. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	1 TITLE	☐ Change ☐ Addition
NAME	EUBANK, JACK H		1 NAME	
STREET ADDRESS	3516 36TH AVE E		1 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221		1 CITY-ST-ZIP	
TITLE		[ ] DELETE	2 TITLE	☐ Change ☐ Addition
NAME			2 NAME	
STREET ADDRESS			2 STREET ADDRESS	
CITY-ST-ZIP			2 CITY-ST-ZIP	
TITLE		[ ] DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		[ ] DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, accurate and complete, for the corporation stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report with an address.

SIGNATURE: Jack H. Eubank — 4-3-96 — 9417222591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)