FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:41

DOCUMENT # P94000039062 (2)

1. Corporation Name
JACKSON PROPERTIES, INC.

Principal Place of Business	Mailing Address
5309 BROSCHE RD ORLANDO FL 32807	5309 BROSCHE RD ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report:

2. Principal Place of Business
21 411 E. Jackson Street
22 Suite, Apt. #, etc.
23 City & State: Orlando, Fl. 32801
24 Zip: 32801 25 County: Orange

2a. Mailing Address
26 238 N. Westmonte Dr. #220
27 Suite, Apt. #, etc.: Suite 220
28 City & State: Altamonte Springs, Fl. 32714
29 Zip: 32714 30 County: Seminole

4. FEI Number: 59-3247015 ☐ 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

LOO, ELIZABETH B
5309 BROSCHE RD
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name: Bernadette G. Combs
82 Street Address (P.O. Box Number is Not Acceptable): 238 N. Westmonte Drive #220
83: Suite 220
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: Bernadette G. Combs — Bernadette G. Combs — 4-1-95
Signature, type or printed name of registered agent and title if applicable — (If this Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LOO, QUOCK G	12 NAME	
STREET ADDRESS	5309 BROSCHE RD	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32807	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LOO, ELIZABETH B	22 NAME	
STREET ADDRESS	5309 BROSCHE RD	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32807	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Bernadette G. Combs — 04-05-95 — 407/682-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BERNADETTE G. COMBS

0417543 FP