

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 # P94000043393 (5)

1. Corporation Name
JACKSON ADJUSTMENT CO., INC.



Principal Place of Business Mailing Address
4338 S. ATLANTIC AVE. PONCE INLET FL **4338 S. ATLANTIC AVE. PONCE INLET FL**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 30. Country
24. 25. 29.

3. Date Incorporated or Qualified **06/06/1994** 3a. Date of Last Report **06/28/1995**
4. FEI Number **59-3250100** 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

**JACKSON, ROBERT W
4338 S. ATLANTIC AVE.
PONCE INLET FL**

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 ab... or registered agent... or both, in the State of Florida. Such change was authorized by the... familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

I, the named corporation submits this statement for the purpose of changing its registered office... corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE *Robert W Jackson* (Typed name of registered agent and title if applicable) DATE

SIGNATURE (Typed name of registered agent and title if applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE	1
NAME	JACKSON, ROBERT W		12
STREET ADDRESS	4338 S. ATLANTIC AVE.		13
CITY-ST-ZIP	PONCE INLET FL		14
TITLE		<input type="checkbox"/> DELETE	2
NAME			22
STREET ADDRESS			23
CITY-ST-ZIP			24
TITLE		<input type="checkbox"/> DELETE	3
NAME			32
STREET ADDRESS			33
CITY-ST-ZIP			34
TITLE		<input type="checkbox"/> DELETE	4
NAME			42
STREET ADDRESS			43
CITY-ST-ZIP			44
TITLE		<input type="checkbox"/> DELETE	5
NAME			52
STREET ADDRESS			53
CITY-ST-ZIP			54
TITLE		<input type="checkbox"/> DELETE	6
NAME			62
STREET ADDRESS			63
CITY-ST-ZIP			64

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1
NAME			12
STREET ADDRESS			13
CITY-ST-ZIP			14
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2
NAME			22
STREET ADDRESS			23
CITY-ST-ZIP			24
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3
NAME			32
STREET ADDRESS			33
CITY-ST-ZIP			34
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4
NAME			42
STREET ADDRESS			43
CITY-ST-ZIP			44
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5
NAME			52
STREET ADDRESS			53
CITY-ST-ZIP			54
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6
NAME			62
STREET ADDRESS			63
CITY-ST-ZIP			64

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

I do not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert W Jackson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/26/94** Daytime Phone #: **904-760-3663**

CR2E034 (12/95)