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

P94000043401 (6) **DOCUMENT #**

LAW OFFICE OF DOUGLAS E- JACKSON, P.A. Law office of JACKSON + MOTIS P.A.

Principal Place of Business 115 TRADER'S ALLEY

Mailing Address

P.O. BOX 8201



	LAKELAND FL 33802 US			LAKELAND FL 3380 US	D2			3.	Date Incorporated or Qualified 06/06/1994	3a. Date		t Report I/1995
2. Principal Place of Business 2a				. Mailing Address				4. FEI Number				Applied For
1 26								59-3241427				Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75 Additional Fee Required	
<u>a</u>	City & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution		,	.00 May Be ided to Fees
7	Zip	Country		Zip	Countr	y –		8.	This corporation has liability for	intangible ta	k unde	rs 199.032,
4		25	29		30				Florida Statutes Yes	i □No		
	9. Nam	e and Address of C	urrent Regis	tered Agent				10.	Name and Address of New	Registered A	ugent	
28			8:		Name Street Addres	ss (P.	.O. Box Number is Not Accepta	ble)				
	LAKELAND FL 3	33803			8:	3						
					8		City			FL	85	Zip Code
11.	Pursuant to the provision registered agent, or	r both, in the State of	Florida Suc	h change was author	rized by the cor	na po	amied corporatoration's board	ion s of d	submits this statement for the purifications. Thereby accept the app	irpose of cha pointment as	nging i registe	its registered office ered agent. I am

SIGNATURE	grature: typed or printed name of registriest agent and stell diagrams in	(NUTE: Finge-tered Agent signature requir	to (where so set too) (ATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE	1 1 TITLE	Change 🗀 Addition
NAME	JACKSON, DOUGLAS E	1.2 NAME	
STREET ADDRESS	1732 PETERSBURG AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33803	1.4 CITY - ST - ZIP	
TITLE	DELET	2 1 TITLE	Change
NAME		2.2 NAME	
STREET ADDRESS		2.9 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY - ST - ZIP	
TITLE	DECET	3 1 TI*LF	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADURESS	
CITY-ST-ZIF		3.4 CHTY ST-ZIP	
TITLE	[] DELET	E 4 1 TITLE	Change
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	'
CITY - ST - ZIP		4.4 CITY - ST - ZIP	The second secon
TITLE	[] DELET	E. 5 1 THTLE	Change Addition
NAME		5.2 NAME	
STREET ADORESS		5.3 STHEET ADDRESS	
CITY-ST-ZIP		5.4 City St-Zif	
TITLE	☐ DELE	E 6 1 THLE	70000184630∰ □ Addition -05/31/9601082010
NAME		6.2 NAMÉ	-05/31/9601082010
STREET ADDRESS		6.3 STREET ADDRESS	***225 . 00
CITY-ST-ZIP		6.4 CITY - ST - ZiP	

14. I do hereby certify that the information supplies with this filing is voluntarily furnished and does 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 or an attachment with an address.

SIGNATURE:

E . SACKSON