

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0400

APPROVED
AND
FILED

95 APR 24 PM 1:27

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060488 (1)**

JALIX, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **707 N JOHNSON STREET PLANT CITY FL 33566**
 Mailing Address: **707 N JOHNSON STREET PLANT CITY FL 33566**

3. Date the Corporation is Organized: **08/12/1994**
 3a. Date of Last Report: _____

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**
 State, Apt. #, etc.: **22**
 City & State: **23**
 zip: **24** Country: **25** zip: **29** Country: **30**

4. FID Number: **59-3261524**
 Applied For: 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 interstate tax under 15 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**HOOKER, BARRY J
 707 N JOHNSON STREET
 PLANT CITY FL 33566**

10. Name and Address of New Registered Agent:
 B1 Name: _____
 B2 Street Address (P.O. Box Number is Not Acceptable): _____
 B3 _____
 B4 City: _____ **FL** B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE: D	NAME: HOOKER, BARRY J	TITLE: D/P/S/T	NAME: Barry J. Hooker
STREET ADDRESS: 707 N JOHNSON STREET	CITY: PLANT CITY FL 33566	STREET ADDRESS: 707 N. JOHNSON ST.	CITY: PLANT CITY, FL 33566
STATE: _____	ZIP: _____	STATE: _____	ZIP: _____
TITLE: _____	NAME: _____	TITLE: _____	NAME: _____
STREET ADDRESS: _____	CITY: _____	STREET ADDRESS: _____	CITY: _____
STATE: _____	ZIP: _____	STATE: _____	ZIP: _____
TITLE: _____	NAME: _____	TITLE: _____	NAME: _____
STREET ADDRESS: _____	CITY: _____	STREET ADDRESS: _____	CITY: _____
STATE: _____	ZIP: _____	STATE: _____	ZIP: _____
TITLE: _____	NAME: _____	TITLE: _____	NAME: _____
STREET ADDRESS: _____	CITY: _____	STREET ADDRESS: _____	CITY: _____
STATE: _____	ZIP: _____	STATE: _____	ZIP: _____

14. I hereby certify that the information supplied on this filing is voluntarily furnished and that I qualify for the exemption stated in Section 607.0602, Florida Statutes. I further certify that the information made available on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made by me. I am responsible for the accuracy of the information reported to me on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this report as an officer or director with an address.

SIGNATURE: *Barry J. Hooker* **Barry J. Hooker** 4-13-95 (913) 753-3534