## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400083520 (4)

BUD JERKINS AND SONS, INC.

**FILED** 

Apr 23 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address										
530 NE 5TH A HIGH SPRINGS	ve. 5 FL 326 <b>45</b> 55	P.O. BOX 947 HIGH SPRINGS FL 32655-0947								
					·		Date of Last Report 04/25/1996 Applied For			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number				
1 530	NESTAVE	26			59-3274968			Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc 27  City & State 28			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
City & State	h sorings fla.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
3265	5 25 Ala	Zip <b>29</b>	30 Cou	ntry		B. This corporation has liability for in Florida Statutes	intangible ] Yes [		dor s.	199.032.
<u> </u>	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered /	Agent		
JFR	KINS, ISAAC M			81	Name					
530	NE 5TH AVE. H SPRINGS FL 32648 55		82			Iress (P.O. Box Number is Not Acceptab	ole)			
по	n ernings fl szaks 25		}	83	<u> </u>					
								<del></del>		
				84	City		FI	85	Zip C	ode
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN	ient and title it approable (NO ND DIRECTORS	OTE: Registered	Age	ant signature requ	ired when revisiating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIREC	CTOR	S IN 12
TITLE	P	DELETE	1.1 10	LE				Cha		Additio
NAME	JERKINS, ISAAC M JR		1.2 NA	Mέ						
STREET ADDRESS	530 N.E. 5TH AVENUE		1.3 \$1	REET	ADDRESS					
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NAME	JERKINS, CATHERINE M			3M						
STREET ADDRESS	530 N.W. 5TH AVE. 55				ADDRESS					
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14. I do hereby certify that the information supplied with this filing 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 logal 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.

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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