

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

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000020512 (6)

1. Corporation Name  
JBS INCORPORATED PARENT CORPORATION

Principal Place of Business

120 EAST PINE STREET  
SUITE #6  
LAKELAND FL 33801  
US

Mailing Address

P O BOX 92895  
SUITE #6  
LAKELAND FL 33804-2895  
US



2. Principal Place of Business

21 Suite Apt # etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

03/13/1995

3a. Date of Last Report

02/05/1996

4. FEI Number

59-3065838

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, ELIJAH JR  
638 W. 8TH ST.  
LAKELAND FL 33804

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	JACKSON, ELIJAH J	
STREET ADDRESS	638 WEST 8TH STREET	
CITY-ST-ZIP	LAKELAND FL 33805-4375	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JACKSON, ELIJAH J	
STREET ADDRESS	638 WEST 8TH STREET	
CITY-ST-ZIP	LAKELAND FL 33805-4375	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	JACKSON, DELESIA R	
STREET ADDRESS	638 WEST 8TH STREET	
CITY-ST-ZIP	LAKELAND FL 33805-4375	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Elias Jackson	
1.3 STREET ADDRESS	638 West 8th Street, POB 92895	
1.4 CITY-ST-ZIP	Lakeland, Florida 33804-2895	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elisha Jackson	
2.3 STREET ADDRESS	638 West 8th Street, POB 92895	
2.4 CITY-ST-ZIP	Lakeland, Florida 33804-2895	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elisabeth Jackson	
3.3 STREET ADDRESS	638 West 8th Street, POB 92895	
3.4 CITY-ST-ZIP	Lakeland, Florida 33804-2895	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dr. E. Jackson	
4.3 STREET ADDRESS	638 West 8th Street, POB 92895	
4.4 CITY-ST-ZIP	Lakeland, Florida 33804-2895	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	Lakeland, Florida 33804-2895	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP	
5.3 STREET ADDRESS	LOveloy Jackson	
5.4 CITY-ST-ZIP	638 West 8th Street, POB 92895	
6.1 TITLE	Lakeland, Florida 33804-2895	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP	
6.3 STREET ADDRESS	Shanghai Jackson	
6.4 CITY-ST-ZIP	638 West 8th Street, POB 92895	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and I am an officer or director of the corporation or a 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, attached as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President, Chief Executive Officer 01-20-97

Date Daytime Phone

CR2E034 (9/96)