SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON DR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT #	P95000027	7073 (2)		T T T Ada		
JACSON INSURANCE	CONSULTANTS IN	C.			i 18648ên de ikuli bada beda bêna be	14 58115 (1511 158) (58) (1886) (A) (88)
Principal Place of Business		Mailing Address				
2918 BARRET AVENUE PLANT CITY FL 33567		2918 BARRET AVENUE PLANT CITY FL 33567				
					3. Date Incorporated or Qualified 03/31/1995	3a. Date of Last Report
Principal Place of Business Suite, Apt. #. etc.		2a. Mailing Address 26			4. FEI Number 59-33/24	Applied For Not Applicable
22 City & State		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	28	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 25	ountry 29 ddress of Current Registe	Zip	Country 30		8. This corporation has liability for in Florida Statutes	Yes No
JOHNSON, JACK L	-	IBO AGERK	81	Name	10. Name and Address of New Re	gistered Agent
2918 BARRET AVEN PLANT CITY FL 335		82	Street Add	ress (P.O. Box Number is Not Acceptab	e)	
			83			
44 Pursuant to the end of one of	C-1 607 0500 +007		84	City		FL 85 Zip Code
	both, in the State of Florida accept the obligations of, S	.1508, Florida Statutes Such change was aul Section 607,0505, Flori	s, the above- thorized by t da Statutes.	named corp he corporati	oration submits this statement for the pu on's board of directors. Thereby accept	rpose of changing its registered the appointment as registered
SIGNATURE Signature Typed or printed	I name of registered agent and little fla			it signature re poi	red when renstating)	CAIF
TITLE PD	OFFICERS AND DIRECT	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME JOHNSON, JA STREET ADDRESS 2918 BARRET		_	1.2 NAME			Onlygo Nagicar ;
CITY-ST-ZIP PLANT CITY FI			13 STREET		;	
TITLE STD		DELETE	1 4 CITY - ST 2 1 TITLE	- ZIP		Change Addition
NAME JOHNSON, SO			2.2 NAME			
STREET ADDRESS 2918 BARRET PLANT CITY FI			23 STREET			
TITLE PLANT CITY FI	L 3000/	DELETE	2 4 CITY - S 3 1 TITLE	T - ZIP		Ob
NAME			3 2 NAME	ĺ		Change Addition
STREET ADDRESS			3 3 STREET /	NDDRESS		
CITY-ST-ZIP TITLE		L porte	34 CITY - S	- ZIP		
NAME		DEFELE	4.1 TITLE 4.2 NAME			Change Add.tion
STREET ADDRESS			4.2 NAME	DDRESS		
CITY-ST-ZIP			4.4 CrTY - ST	- 719		
TITLE		DELETE	5 1 TITLE			Change Addition
NAME STREET ADDRESS			5 2 NAME			
CITY-ST-ZIP			5 3 STREET A			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6 1 TITLE	- 411		Change Addition
NAME			6 2 NAME			
STREET ADDRESS			63 STREET A			
City - St - ZiP 14. I do hereby certify that the info	ormation supplied with this f	iling is voluntarily foroi	64 CITY - ST		fy for the exemption stated in Section 11	2.07(2)(4) 5(2) 4- 6(-1)
					nd accurate and that my signature shall to execute this report as required by Cr	have the same legal effect as if hapter 617, Florida Statutes; and
SIGNATURE:	TURE AND TYPED OR PRINTED NA	folis.	a	Tho.	- 7/11/94 8	737524191