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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027073

JACSON INSURANCE CONSULTANTS INC.

Principal Place	of Business	Mailing Address					
2918 BARRET A	AVENUE	2918 BARRET AVENUE					
PLANT CITY FL		PLANT CITY FL 33567					
					DO NOT WRITE IN THIS SI	PACE	
					3. Date Incorporated or Qualifed		-
					03/31/1995		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Appli	ed For
21		26			59-3312430	Not A	Applicable
Suite, Apt.	tt ato	Suite, Apt, #, etc.			_	\$8.75 Add	ditional
	m, 610.	├ ┐ ' ' '			5. Certificate of Status Desired	Fee Requ	
22		City & State			a El-Air- Compains Financias	\$5.00 M	0
City & State	e	⊢ ´			6. Election Campaign Financing Trust Fund Contribution	Added to i	, ,
23		28	Country				
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intan]No
24	25	29 30	<u> </u>		1 disorial 1 topolity Tax:		JNO
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	gent	
		•	81	Name			
	NSON, JACK L		82	Street Addr	ess (P.O. Box Number is Not Acceptable)	<u> </u>	
2918	BARRET AVENUE	•		Oli Oot i iuu.			er with the gran
PLAN	NT CITY FL 33567		83				55 (1)
						r 11 = 2	
			84	City	FL	85 Zip Co	de
4 44 44		1007 4500 151-14- 64-14-	40			anging its re	nistered
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	, the above	-nameu corp	oration submits this statement for the purpose of ch	mont as roais	tored
l '' office or re		n Pionga, Such change was autr	ionzea ov i	the corporation	on's board of directors, I nereby accept the appoint	ment as regis	stered
office or re agent. I a	egistered agent, or both, in the State of medical managers, and accept the obligation	or Florida, Such change was autr ions of, Section 607.0505, Florid	a Statutes.	tne corporatio	on's board of directors. I hereby accept the appointr	ment as regis	stered
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida, Such change was autrions of, Section 607.0505, Florid	a Statutes.	tne corporatio	on's board of directors, a nereby accept the appoint	ment as regis	stered
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati Signature, typed or printed name of registered agent	ions of, Section 607.0505, Florid	a Statutes.		on's poard of directors, a nereby accept the appoint		
agent. I a	m familiar with, and accept the obligati	and title if applicable (NOTE: Re	a Statutes.		d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 12
agent. I a	m familiar with, and accept the obligate	and title if applicable. (NOTE: Re	a Statutes.		d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND		
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14. I 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 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 on an attachment with ampaddress with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90075 006 ***150.00

☐ Change

☐ Addition