


4-23-97 B 8449 C  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P95000030794 (8)</b>		
1. Corporation Name <b>JESSCO, INC.</b>		



Principal Place of Business <b>415 LAKEPOINTE DR. 103 ALT SPRING FL 32701</b>		Mailing Address <b>415 LAKEPOINTE DR. 103 ALT SPRING FL 32701</b>	
2. Principal Place of Business <b>900 Florida Blvd. Alt. Springs, FL.</b>		2a. Mailing Address <b>900 Florida Blvd.</b>	
22. City & State <b>Alt. Spgs FL.</b>		27. City & State <b>Alt. Spgs. Florida</b>	
24. Zip <b>32701</b>		29. Zip <b>32701</b>	
25. Country <b>USA</b>		30. Country <b>USA</b>	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/11/1995</b>	3a. Date of Last Report <b>04/08/1996</b>
4. FEI Number <b>59-3315985</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PIERCEFIELD, DAVID S 2431 ALOMA AVENUE SUITE 221 WINTER PARK FL 32792</b>	
81. Name <b>Jack Drury</b>	82. Street Address (P.O. Box Number is Not Acceptable) <b>900 Florida Blvd.</b>
83. City <b>Alt. Spgs</b>	84. State <b>FL</b>
85. Zip Code <b>32701</b>	

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. <b>Jack Drury</b> <b>Jack Drury</b> Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) <b>9.17.97</b> DATE	
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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Jackie D Drury</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DRURY, JACKIE D</b>		1.2 NAME <b>900 Florida Blvd.</b>	
STREET ADDRESS <b>406 SHADY BANKS ROAD</b>		1.3 STREET ADDRESS <b>Alt. Spgs. FL. 32701</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL 32714</b>		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 an address. <b>Jack Drury</b> Signature
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CR2E034 (4/97)