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FILED
May 12 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 # **P95000047574 (5)**

1. Corporation Name
PHILLIP M. JACKSON & COMPANY, INC.

Principal Place of Business	Mailing Address
~~600 WEST BREVARD STREET~~ ~~TALLAHASSEE FL 32304~~	~~P.O. BOX 10603~~ ~~TALLAHASSEE FL 32302-2603~~ US

3. Date Incorporated or Qualified: 06/19/1995
3a. Date of Last Report: 05/09/1996

2. Principal Place of Business
21: 20216 NE 10th Court Road
22: Suite, Apt. #, etc.
23: City & State: No. Miami Beach, Fl
24: Zip: 33179
25: Country: DADE

2a. Mailing Address
26: 20216 NE 10th Court Road
27: Suite, Apt. #, etc.
28: City & State: No. Miami Beach
29: Zip: 33179
30: Country: DADE

4. FEI Number: 59-3286804 ☐ 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, PHILLIP M SR.
~~9625 NW 110TH STREET~~
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 20216 NE 10th Court Road
83
84 City: No. Miami Beach FL 85 Zip Code: 33179

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: Phillip M. Jackson 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, PHILLIP M SR.		1.2 NAME	
STREET ADDRESS	~~9625 N.W. 110TH STREET~~ 20216 NE 10 Ct. Rd		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33167~~ No. Miami Beach FL 33179		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, ANTHENISIA A		2.2 NAME	
STREET ADDRESS	~~9625 N.W. 110TH STREET~~ 20216 NE 10th Ct. Rd		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33167~~ No. Miami Beach, FL 33179		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, MICHAEL		3.2 NAME	
STREET ADDRESS	2505 FAIRWAY DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: Phillip M. Jackson 4/28/97 (305)654-0941