

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000064459 (7)**

1. Corporation Name
PC JACK, INC.



Principal Place of Business

**11112-12 SAN JOSE BLVD
JACKSONVILLE FL 32223**

Mailing Address

**11112-12 SAN JOSE BLVD
JACKSONVILLE FL 32223**

2. Principal Place of Business

2a. Mailing Address

21

26

State: **FL**

State: **FL**

City & State

City & State

23

28

Zip

Country

Zip

Country

24

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29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

4. FEI Number

59-3338482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes. ☐ Yes ☐ No

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 607.0901 and 607.1506, 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 hereby accepting the obligations of Section 607.1506, Florida Statutes.

SIGNATURE

12. Registered Agent Signature (Required if Changing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **PRESIDENT**
STREET ADDRESS **RICHARD R. BLOOM**
13838 CARTERS GROVE LN
JACKSONVILLE, FL 32223
2. TITLE ☐ DELETE
NAME **SECRETARY/TREASURER**
STREET ADDRESS **SHIRLEY C. BLOOM**
13838 CARTERS GROVE LN
JACKSONVILLE, FL 32223
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP
5. TITLE ☐ DELETE
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11. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP
12. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, STATE, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP
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91. STREET ADDRESS
92. CITY, STATE, ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, STATE, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished. I am not qualified for the exemption stated in Section 119.07(3)(k), 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. 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 from an attachment with an address.

SIGNATURE:

Richard R. Bloom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 (90A) 267.2500
Filing Date: **2/26/96** Filing Fee: **267.2500**

CR2E034 (12/95)