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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000068604 (4)

DOCUMENT #

1. Corporation Name JACK AND THE BEANSTALK PUBLISHING, INCORPORATED

Principal Place of Business

Mailing Address

2336 HERSCHEL ST.

P.O. BOX 50187



JACKSONVII	LLE FL 32210	JACKSONVILLE BEACH	JACKSONVILLE BEACH FL 32240				
					3. Date Incorporated or Qualified 09/01/1995	3a. Date of Last	t Report
_2, Principal Pla 21	ace of Business 2336 Hecschel St	2a. Mailing Address	me 1	i.5	4. FEI Number 59 - 33378	15	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	a L		5. Certificate of Status Desired	□ \$8.°	75 Additional
City & State 1 / 1 /		City & State	City & State		A 51-10-10-10-10-10-10-10-10-10-10-10-10-10	Fe	e Required
23)//	Kanville, FI	28			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Country		8. This corporation has liability for		
24 327	104 25 USA	29	30		Florida Statutes	: P %	
	g. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New F	legistered Agent	
NEILLY, JOHN J JR. 2336 HERSCHEL ST. JACKSONVILLE FL 32210 82 Street Address (F.O. Box Number is Not Accorptable) 83 TELL 84 City J. J. Box Number is Not Accorptable) 84 City J. J. Box Number is Not Accorptable)							
11. Pursuant to	o the provisions of Sections 607.0502 a	nd 607.1508, Florida Statute	s, the above na	MCK imed corporat	Sonyi//c ion submits this statement for the pu	rose of changing it	32204
familiar wit	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	Such change was authorize 607.0505, Florida Statutes.	ed by the corpo	ration's board	of directors. I hereby accept the app	ointment as register	red agent. I am
SIGNATURE Signature typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature recurred when reinstating] OATE							
12.	OFFICERS AND I		13.				TORS IN 12
T:TLF		☐ DELETE	1. 1 TITLE	PA	ADDITIONS/CHANGES TO OFF	☐ Chang	e Addition
NAME			1.2 NAME	50	ohn J. Neilly,	100	•
STREET ADDRESS			1.3 STREET A	DDRESS 23	hn J. Neilly, 3 36 Herschels CKsonville, F	2. 44.4	
CITY - SI - ZIP			1.4 CITY-ST	ZIP JA	CKSONVILLE, F	2 3220	4
HILLE		☐ DELETE	2 1 TITLE			Chang	e 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			23 STREET A	DORESS			
CITY-ST-ZIP			24 CITY - ST-	ZIP			
TITLE		DELETE	3 1 TITLE			Chang	e 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3. STREET #	DDRESS			
CITY-ST-ZIP			3 4 CITY - ST	ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	4. 1 TITLE			Chang	e 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET A	DDRESS]
CHY-ST-ZIP			4.4 CITY - ST-	ZIP			
TITLE		☐ DELETE	5 1 THTLE			Chang	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	DDRESS			
CITY-ST-ZIP			5 4 CITY - ST-	ZIP			
11T1F		☐ DELETE	6. 1 THTLE			☐ Chang	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREET A	DORESS			
CITY-SI-ZIP			6 4 CITY - ST-				
14. I do hereby	y certify that the information supplied wit	n this filing is voluntarily furnis	shed and does	not quality for	the exemption stated in Section 119.	07(3)(k), Florida Sta	tutes. I further