

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

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Apr 25 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 # P95000074674 (9)

1. Corporation Name
R & R JACKSON SERVICES, INC.

Principal Place of Business
28 N.E. 19TH COURT
CAPE CORAL FL 33909

Mailing Address
28 N.E. 19TH COURT
CAPE CORAL FL 33909-2834

3. Date Incorporated or Qualified
09/21/1995
3a. Date of Last Report
04/09/1996

2. Principal Place of Business
21 4531 SE 6TH PLACE
State, Apt. #, etc.

2a. Mailing Address
26 4531 SE 6TH PLACE
Suite, Apt. #, etc.

4. FEI Number
65-0607455
Applied For
Not Applicable

22 City & State
23 CAPE CORAL, FLORIDA
Zip Country
24 33904-5581 25 LEE

27 City & State
28 CAPE CORAL, FLORIDA
Zip Country
29 33904-5581 30 LEE

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

10. Name and Address of New Registered Agent

JACKSON, ROBERT H
28 N.E. 19TH COURT
CAPE CORAL FL 33909

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4531 SE 6TH PLACE
83
84 City
CAPE CORAL FL 85 Zip Code
33904

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

Signature typed or printed name of registered agent and fee 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	<input type="checkbox"/> DELETE
NAME	JACKSON, ROBERT H	
STREET ADDRESS	28 N.E. 19TH COURT	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, RENEE A	
STREET ADDRESS	28 N.E. 19TH COURT	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACKSON, ROBERT H	
1.3 STREET ADDRESS	4531 SE 6TH PLACE	
1.4 CITY-ST-ZIP	CAPE CORAL, FLORIDA 33904-5581	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACKSON, RENEE A.	
2.3 STREET ADDRESS	4531 SE 6TH PLACE	
2.4 CITY-ST-ZIP	CAPE CORAL, FLORIDA 33904-5581	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Renee A. Jackson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/97
Date

941-540-7207
Daytime Phone #

CR2E034 (9/96)