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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Mar 14 1997 8:00am

Secretary of State

DOCUMENT # P95000084424 (7)

RICHARD E. JACKSON, INC.

Principal Plac	e of Business	Mailing Address			
RT 1 BOX 281 POMONA PARK FL		RT 1 BOX 281 POMONA PARK FL 32181-9	723		
				3. Date Incorporated or Qualified 10/31/1995	3a. Date of East Report 04/10/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	# ata	26 Suite Apt # etc		59-3346420	Not Applicable 88.75 Additional
Suite, Apt. #, etc.		Suite, Apt #. etc.		5. Certificate of Status Desired	Fee Required
City & Stat	ie	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zψ	Country	8. This corporation has liability for in	
24	25	29	[30]	Florida Statules 10. Name and Address of New Reg	Yes X No
	9. Name and Address of Currer	it negistered Agent	81 Name	10, Hanie and Address of New Tres	isterou Agont
JACKSON, RICHARD E					-3
RT 1 BOX 281 POMONA PARK FL			82 Street Add	ress (P.O. Box Number is Not Acceptabl	0)
PUM	UNA PARN FL	•	83		
			84 City		85 Zip Code
					FL
office or a	registered agent or both, in the State	of Florida. Such change was a	authorized by the corpora	poration submits this statement for the patient's board of directors. Thereby accep	urpose of changing its registered. I I the appointment as registered.
agent I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Fig	orida Statutes.	, .	
SIGNATURE	Signature, typed or printed name of registered ago	set and tite if are broken. (BOT)	E-Regisrereit Ageni signature requi	red when relinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DETE	1.1 317(£		Change Addition
NAME	JACKSON, RICHARD E		1.2 NAME		
STREET ADDRESS	RT 1 BOX 281		1.3 SEREFT ADDRESS		
CITY-ST-ZIP	POMONA PARK FL	Пони	1.4 CI3Y - S3 - 7IF		Change Addition
TITLE	ĺ	[_] DELETE	2.1 TITLE 2.2 NAME		C Change C Madmon
NAME STREET ADDRESS			2.2 NAME 1 ADORESS		.•
CITY-ST-ZIP	Ì		2. 4 CITY - S1 - ZIP		
TITLE		DELETE	3.1 111115		Change Addition
NAME			3.2 NAM?		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(1) - S1 - Z(P		[] Obsess [] Addition
TITLE		□ DETLIE	4.1 1111 F		Change Addit on
NAME AZOSST LODDOSOO			4. 2 NAME		
STREET ADDRESS			4.3 \$18EE1 ADDRESS 4.4 Crty - \$1 - Zip		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Add-tion
NAME		-	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-S1-ZiP		
TITLE		DELETE.	6 1 TITLE		Change Addition
NAME :	- P		6.2 NAME		
SZREFT ADDRESS	I .		6.3 STREET ADDRESS	•	

14. I do hereby certify that the information supplied with this filling 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.