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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT CE STATE

Sandra B. Mariam A

Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORA

DOCUMENT # P95000088753 (5)

JESCHO OF FORT WALTON BEACH, INC.

Principal Place	e of Business	Mailing A	ddress						
151 MARY ESTER CUTOFF 301-A EXECUTIVE PLAZA MARY ESTER FL 32569			PO BOX 4843 FT WALTON BEACH FL 32549-4843 US						
US						3. Date Incorporated or Qualified 11/17/1995	3a. Date 03/26	of Last Ro 71996	port
<u> </u>	lace of Business	2a. Mailing	g Address			4. FEI Number		Ap	plied For
21		26				59-3367085	Not Applicable		
Sulte, Apt.	#, etc.	Suile,	Suite, Apt. #, etc.			5. Certificate of Status Desired	П	\$8.75 A	
City & State		[27]	27 City & State					Fee Re	
23		28	28			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip Country 25		Zip [29]	29 30			8. This corporation has liability for Florida Statutes	intangible ta Yes 🏻		199.032,
	9, Name and Address of Currer	nt Registered A	gent	·		10. Name and Address of New Re	gistered Ag	ent	
CORPORATION SERVICE COMPANY					Name				
1201 HAYS STREET			82 Street Ad			dress (P.O. Box Number is Not Acceptable)			
TALI	AHASSEE FL 32301-2525					000 (1 10. 150X 1401 150 16 1401 1 1600 ptal	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
`				83					
,				84	City		FL	85 Zip C	ode
11. Pursuant I	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508 of Florida, Suct	3, Florida Statutes, t	he abov orized b	Ire-named corp v the corporal	poration submits this statement for the $\mathfrak p$ ion's board of directors. I hereby acceptance		nanging its	s registered
agent. f a			in 607 0505° Florida	Sistolo	S.				3
SIGNATURE	HOLLIS R. BONSU		MM M	درس		od when reinstating)	10 97		
12.	Signature, typed or printed name of registered age OFFICERS AN		in. (NULL: HO	18.	релі відпаціле гедин	ADDITIONS/CHANGES TO OFFIC	PAR AND D	IDECTOR	S IN 12
TITLE	PD	STURT	DELETE	1.1 1011.6		7.55.110.110,07.11.110.00.110.07.110		Change	Addition
NAME	BEASLEY, HOLLIS R /			1.2 NAME				•	
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CITY-ST-ZIP	FT WALTON BEACH FL/ 🚕	AL ESTHER	FL 31669	1.4 CITY - 3	S1 - ZIF				
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NAME				2.2 NAME					
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CITY-ST-ZIP				2.4 CITY-	ST-ZIF				
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CITY-ST-ZIP TITLE			DELETE	54 CHY-1	S1- /II'		——— -	Change	Addition
NAME	•			62 NAME			L	J Direitys	FTT VODIGOU
			1		1 ANDOCOC				
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP	w carlify that the information supplies	d with this films	doce not qualify to	640iTY-		Lin Section 119 07(3)(i) Florida Statula	o I further o	ortifu that t	ilio.

4. To hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 139.07(3)(i), Forda 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.

CICLIATURE

HOIUS A ABEASIES

4-10-97

904-244-7176

FILED

May 13 1997 8:00am

Secretary of State