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FILED

Feb 11 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 # P95000095426 (9)

1. Corporation Name

JBS MANAGEMENT CORPORATION

Principal Place of Business

120 E. PINE ST., SUITE 6
LAKELAND FL 33801

Mailing Address

POST OFFICE BOX 92895
LAKELAND FL 33804-2895
US



3. Date Incorporated or Qualified
12/18/1995

3a. Date of Last Report
01/06/1997

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-3065838

Applied For

Not Applicable

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

JACKSON, ELIJAH JR
638 WEST 8TH STREET POB 92895
LAKELAND FL 33813

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 607.002 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

Elijah Jackson, Jr.

February 7, 1997

Signature type and name of registered agent to file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JACKSON, ELIJAH JR
STREET ADDRESS 638 W. 8TH ST
CITY-ST-ZIP LAKELAND FL 33805 ☐ DELETE

TITLE D
NAME JACKSON, DELESIA R
STREET ADDRESS 638 W. 8TH ST
CITY-ST-ZIP LAKELAND FL 33805 ☐ DELETE

TITLE D
NAME BOLASKY, JOHNNY A
STREET ADDRESS 5147 MARTINIQUE DRIVE
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE D
NAME BOLASKY, ROBIN ANN
STREET ADDRESS 5147 MARTINIQUE DRIVE
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Elias Jackson
1.3 STREET ADDRESS 1500 West Highland Street, #237
1.4 CITY-ST-ZIP Lakeland, Florida 33801

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Elisha Jackson
2.3 STREET ADDRESS 1500 West Highland Street, #237
2.4 CITY-ST-ZIP Lakeland, Florida 33801

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Dr. E. Jackson
3.3 STREET ADDRESS 1500 West Highland Street, #237
3.4 CITY-ST-ZIP Lakeland, Florida 33801

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Shanghai Jackson
4.3 STREET ADDRESS 1500 West Highland Street, #237
4.4 CITY-ST-ZIP Lakeland, Florida 33801

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Elisabeth Jackson
5.3 STREET ADDRESS 1500 West Highland Street, #237
5.4 CITY-ST-ZIP Lakeland, Florida 33801

6.1 TITLE P ☒ Change ☐ Addition
6.2 NAME Elijah Jackson, Jr.
6.3 STREET ADDRESS 638 West 8th Street, POB 92895
6.4 CITY-ST-ZIP Lakeland, Florida 33805

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 shareholder 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, unchanged, or both, in attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

February 7, 1997 941 284-0900

Date

Daytime Phone # 0010624

CR2E034 (9/96)