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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096931
1. Corporation Name
JACKSON of America, Inc.

Principal Place of Business: 3460 Crystal St. Gotha, FL 34734
Mailing Address: P.O. Box 943 Windermere, FL 34786

2. Principal Place of Business: 21 3460 Crystal St. 22 Gotha FL 23 34734 24 25 Orange
2a. Mailing Address: 26 P.O. Box 943 27 Windermere FL 28 34786 29 30 Orange

3. Date Incorporated or Qualified: 12-18-95
3a. Date of Last Report: 5-28-96
4. FEI Number: N-A
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: Tara Financial Services, Inc. 489 W. Minnehaha Ave. Clermont FL 34711

10. Name and Address of New Registered Agent: 81 Name: Tara Financial Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 489 W. Minnehaha Ave. 83 City: Clermont FL 84 Zip Code: 34711

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: Frank O'Neil DATE: 4-19-97

12. OFFICERS AND DIRECTORS

TITLE: President	NAME: Tanna Jackson	STREET ADDRESS: 3460 Crystal St. Gotha, FL 34734	DELETE: <input type="checkbox"/>
TITLE:	NAME:	STREET ADDRESS:	DELETE: <input type="checkbox"/>
TITLE:	NAME:	STREET ADDRESS:	DELETE: <input type="checkbox"/>
TITLE:	NAME:	STREET ADDRESS:	DELETE: <input type="checkbox"/>
TITLE:	NAME:	STREET ADDRESS:	DELETE: <input type="checkbox"/>
TITLE:	NAME:	STREET ADDRESS:	DELETE: <input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: Tanna Jackson DATE: 4-18-97 DAYTIME PHONE: (407) 522-6860

CR2E034 (9/96)