

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000097640 (3)

1. Corporation Name

CACTUS JACKS ENTERPRISES, INC.

Principal Place of Business

23740 HWY. 314 N.E.
SALT SPRINGS FL 32134

Mailing Address

23740 HWY. 314 N.E.
SALT SPRINGS FL 32134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3348243

☒ 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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9. Name and Address of Current Registered Agent

WILLIAMS, BRENDA
6683 CRILL AVENUE
PALATKA FL 32177

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 607.0502 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ANDERSON, GEORGE G
STREET ADDRESS 23740 HWY. 314 N.E.
CITY-ST-ZIP SALT SPRINGS FL 32134

TITLE ☐ DELETE

NAME ANDERSON, JACK
STREET ADDRESS 23740 HWY. 314 N.E.
CITY-ST-ZIP SALT SPRINGS FL 32134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

3000002272169--1
-08/20/97--01053--017
****165.00 ****165.00

8-18-97

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.

CR2E034 (497)

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TRIM BOOKKEEPING & TAX SERVICE INC.
6683 CRILL AVENUE
PALATKA, FLORIDA 32177
(904) 328-4164
FAX (904) 325-0804

August 8, 1997

RE: CACTUS JACKS ENTERPRISES, INC.
FEI:59-3348243

DEAR MS. BRUMBLEY;

PER OUR CONVERSATION ON AUGUST 05, 1997, I AM REQUESTING AN ABATEMENT OF THE PENALTY FOR LATE FILING FOR CACTUS JACKS ENTERPRISES INC. MR. GEORGE ANDERSON, WHO IS IN CHARGE OF THE DAY TO DAY RUNNING OF THE BUSINESS WAS DIAGNOSED WITH CANCER THE FIRST OF THIS YEAR. HIS HEALTH WAS QUICKLY DETERIORATING AND HIS BUSINESS BEGAN TO SUFFER. HE FINALLY BECAME UNABLE TO RUN THE BUSINESS ANY LONGER AND WAS HOSPITALIZED A COUPLE OF MONTHS AGO. THE DOCTORS HAVE GIVEN HIM ONLY A COUPLE OF MONTHS TO LIVE. I UNDERSTAND THAT MR. ANDERSON RECEIVED THE REPORT PRIOR TO HIS HOSPITALIZATION, BUT PLEASE UNDERSTAND THAT HIS MENTAL CONDITION HAD DETERIORATED LONG BEFORE THAT. HE BEGAN HAVING TROUBLE REMEMBERING THINGS AND WAS SOMETIMES CONFUSED ABOUT DAY TO DAY THINGS. GIVEN THE CIRCUMSTANCES I HOPE THAT THE STATE OF FLORIDA WILL SHOW COMPASSION AND WAIVER THE PENALTY. IF YOU HAVE ANY QUESTIONS CONCERNING THIS MATTER PLEASE DO NOT HESITATE TO CONTACT ME AT THE ABOVE PHONE NUMBER OR ADDRESS. I CERTAINLY APPRECIATE YOUR TAKING THE TIME TO LOOK INTO THIS FOR MR. ANDERSON. UNFORTUNATELY MR. ANDERSON WILL NEVER KNOW OF YOUR KINDNESS.

SINCERELY,



BRENDA JEPSON
REGISTERED AGENT

cc: file