


FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000015235

1. Corporation Name
Betty J. Jordan, Inc.

Principal Place of Business
9610 Pritmore Rd. E.
Jacksonville, FL 32257

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

25. Country

30. Country

3. Date Incorporated or Qualified
2/15/96

3a. Date of Last Report

4. FEI Number
59-3380594

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
Betty J. Jordan
9610 Pritmore Rd. E.
Jacksonville, FL 32257

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
President/D
NAME
Betty J. Jordan, Inc.
STREET ADDRESS
9610 Pritmore Rd. E.
CITY, ST, ZIP
Jacksonville, FL 32257

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

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 is based 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
Betty J. Jordan

DATE
4/29/97

DAYTIME PHONE #
(904) 886-0295

NIGHT PHONE #
(904) 264-6203