

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

**FILED**  
**May 13 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 # P96000021976 (1)**

1. Corporation Name  
**JACKIE'S PROPERTIES, INC.**

Principal Place of Business  
**7291 WAELTI DRIVE  
MELBOURNE FL 32940**

Mailing Address  
**7291 WAELTI DRIVE  
MELBOURNE FL 32940-7546**



2. Principal Place of Business  
**21 2765 Business Center Blvd.**  
Suite, Apt. #, etc.  
**22**  
City & State  
**23 Melbourne, FL**  
Zip  
**24 32940** Country  
**25 US**

2a. Mailing Address  
**26 2765 Business Center Blvd.**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28 Melbourne, FL**  
Zip  
**29 32940** Country  
**30 US**

3. Date Incorporated or Qualified  
**03/11/1996**

3a. Date of Last Report

4. FEEL Number  
**59-337278 59-3372728** 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  
**STRAUGHN, RICHARD E  
255 MAGNOLIA AVE. SW  
WINTER HAVEN FL 33880**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **ELLIOTT, JACQUELINE**  
STREET ADDRESS **7291 WAELTI DRIVE**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
NAME **PVST**  
1.2 NAME **Jacqueline Elliott**  
1.3 STREET ADDRESS **2765 Business Center Blvd.**  
1.4 CITY-ST-ZIP **Melbourne, FL 32940**

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

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: *Jacqueline Elliott (Jacqueline)* 1/14/97 (904) 7525584

CR2E034 (9/96)