

0-22-41 B-1659 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 22 1997 8:00am  
Secretary of State

DOCUMENT # P96000079875 (6)

1. Corporation Name  
JOHNZACK, INC.

Principal Place of Business  
P O BOX 1893  
TRENTON FL 32693

Mailing Address  
P O BOX 1893  
TRENTON FL 32693-1891



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 NONE		26 N/A		09/25/1996			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-3408991		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		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

COLSON, WILLIAM Z  
RT 1, BOX 463-Z  
TRENTON FL 32693

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	COLSON, JOHN Z	1.2 NAME	
STREET ADDRESS	P O BOX 1893 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL 32693	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	COLSON, WILLIAM Z	2.2 NAME	COLSON, WILLIAM Z.
STREET ADDRESS	RT 1, BOX 463-Z	2.3 STREET ADDRESS	10191 S. US HWY 4129
CITY-ST-ZIP	TRENTON FL 32693	2.4 CITY-ST-ZIP	TRENTON, FL. 32693
TITLE	D	3.1 TITLE	
NAME	WILKERSON, CLIFF	3.2 NAME	WILKERSON
STREET ADDRESS	P O BOX 152 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL 32693	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

DATE

April 29, 1997

DATE

Daytime Phone

N/A

CR2E034 (9/96)