

DOCUMENT # P96000083196

1. Entity Name  
ARMAND POWERS, JULLION & JACKSON, INC.

Principal Place of Business Mailing Address  
4021 NORTH ARMENIA AVENUE 4021 NORTH ARMENIA AVENUE  
SECOND FLOOR SECOND FLOOR  
TAMPA FL 33607 TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
ARMAND, POWERS,  
JULLION & JACKSON, INC.  
City & State 4023 N. ARMENIA AVE.  
SUITE 400  
Zip TAMPA, FL 33607

Suite, Apt. #, etc.  
ARMAND, POWERS,  
JULLION & JACKSON, INC.  
City & State 4023 N. ARMENIA AVE.  
SUITE 400  
Zip TAMPA, FL 33607



DO NOT WRITE IN THIS SPACE

FEI Number 65-0699831  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, W. ALLEN  
4021 N. ARMENIA AVE. 2ND FLOOR  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
ARMAND, POWERS,  
JULLION & JACKSON, INC.  
4023 N. ARMENIA AVE.  
SUITE 400  
City TAMPA, FL 33607 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE W. Allen Jackson William Allen Jackson 01-03-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	JACKSON, ALLEN	4021 N. ARMENIA AVE. 2ND FLOOR TAMPA FL 33607
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MARK H. SCHMIDT	4023 N. ARMENIA AVE SUITE 400	TAMPA, FL. 33607
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Allen Jackson William Allen Jackson 01-03-01 8138227717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #