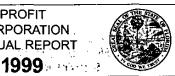
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012241

1. Corporation Name

JAXON ENTERPRISES INC.

Principal Place of Business
21737 JACKSON ROAD
CHRISTMAS FL 32709

Mailing Address

21737 JACKSON ROAD CHRISTMAS FL 32709

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90046 050 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/05/1997

2. Principal P	e of Business 2a. Mailing Address				4. FEI Number		Apt	olied For
21		26			59-3437437		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					7 -		dditional	
27					J. Commence of Grands Besides	<u> </u>	Fee Rec	quired
City & Stat	<u>.</u> .	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current	year Intangibl	e	
25 29 30					Personal Property Tax.	Y	es	□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				Name				
JACKSON, LARRY A SR				Street Addre	ss (P.O. Box Number is Not Acceptable	e)		
21737 JACKSON ROAD						, 		
CHRISTMAS FL 32709								
			84	City		85	Žip C	ode
						FL		
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statutes,	, the abov	e-named corpo	oration submits this statement for the pu	rpose of chang	ging its	registered
office or r	registered agent, or both, in the State of our familiar with, and accept the obligation	rionda. Such change was autr	nonzed by a Statutes	tne corporation	n's board of directors, I hereby accept to	не арронинен	ıt də ici	Jistereu
SIGNATURE		la/amara	ACKS	1	O4	112199	7	
SIGNATURE	Signature, types or printed name of registered agent a	nd title if applicable. NOTE: Re	ogistered Ager	it signature required		DATE		
12.	→ OFFICERS AND DIRECTORS:		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	P	☐ DELETE	1.1 TITLE			Пс	hange	☐ Addition
NAME	JACKSON, CLARA B		1.2 NAME					
STREET ADDRESS	21737 JACKSON ROAD		1.3 STREE	TADDRESS				
CITY-ST-ZIP	CHRISTMAS FL 32709		1.4 CITY-S	T-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE	1		Пс	change	☐ Addition
NAME	JACKSON, LARRY A	2.2		ſ				
STREET ADDRESS	REET ADDRESS 21737 JACKSON ROAD			2.3 STREET ADDRESS				
CITY-ST-ZIP	CHRISTMAS FL 32709			ST-ZIP				
TITLE	♥'		3.1 TITLE			. _~ □°	hange	☐ Addition
NAME	JACKSON, JERRY I.	-	3.2 NAME					
STREET ADDRESS	21405 FT. CHRISTMAS RD		3.3 STREE	TADDRESS				
CITY-ST-ZIP	CHRISTMAS FL 32709		3.4. CITY-5	ST-ZIP				
TITLE	<u> </u>	☐ DELETE	4.5 TITLE	1		П	Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADORÉSS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				- Care
TITLE	İ	☐ DELETE	5.1 TITLE				hange	Addition
NAME	·		5.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				hange	☐ Addition
NAME			6.2 NAME		0			
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY-ST-ZIP			6.4 CITY-S					
14. I hereby	certify that the information supplied with	this filing does not qualify for the	ne exempt	ion stated in Se	ection 119.07(3)(i), Florida Statutes. I fu	orther certify th	at the in	iformation

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, with all other like empowered.

SIGNATURE:



CR2E034 (11/98)