2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like em

SIGNATURE:

FILED DOCUMENT # P97000042309 Aug 02, 2000 8:00 am Secretary of State 1. Entity Name DAN JACKSON CONSTRUCTION, INC. 08-02-2000 90153 020 ***550.00 Principal Place of Business Mailing Address **405 WISTERIA STREET 405 WISTERIA STREET** PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3451327 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HESS, BRIAN D Street Address (P.O. Box Number is Not Acceptable) 9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407 City 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE Change JACKSON, DANNY L NAME NAME STREET ADDRESS STREET ADDRESS **405 WISTERIA STREET** CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Change Addition Delete TITLE TITLE JACKSON, SANDRA L NAMÉ NAME STREET ADDRESS STREET ADDRESS **405 WISTERIA STREET** CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ÑAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in B