


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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morrisam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000076834 (5)		
1. Corporation Name TRI-JAC PROPERTIES, INC.		



Principal Place of Business 439 SIGSBEE ROAD ORANGE PARK FL 32073	Mailing Address 439 SIGSBEE ROAD ORANGE PARK FL 32073
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 337 Whispering Woods Dr Suite, Apt. #, etc. 22 City & State 23 Orange Park, FL Zip 24 32073 Country 25 CLAY	2a. Mailing Address 26 337 Whispering Woods Dr Suite, Apt. #, etc. 27 City & State 28 Orange Park, FL Zip 29 32073 Country 30 CLAY
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3. Date Incorporated or Qualified 09/05/1997	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name JERRY L. JACKSON 82 Street Address (P.O. Box Number is Not Acceptable) 337 WHISPERING WOODS DR. 83 84 City ORANGE PARK FL 85 Zip Code 32073
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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 JERRY L. JACKSON PD JERRY L. JACKSON  
Signature (Type or printed name of registered agent and title, if applicable) (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME JACKSON, JERRY L	
STREET ADDRESS 439 SIGSBEE ROAD	
CITY-ST-ZIP ORANGE PARK FL 32073	
TITLE VSTD	<input type="checkbox"/> DELETE
NAME JACKSON, SUSAN R	
STREET ADDRESS 439 SIGSBEE ROAD	
CITY-ST-ZIP ORANGE PARK FL 32073	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JACKSON, JERRY L	
1.3 STREET ADDRESS 337 WHISPERING WOODS DR.	
1.4 CITY-ST-ZIP ORANGE PARK, FL 32073	
2.1 TITLE VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME JACKSON, SUSAN R	
2.3 STREET ADDRESS 337 WHISPERING WOODS DR.	
2.4 CITY-ST-ZIP ORANGE PARK, FL 32073	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: JERRY L. JACKSON PD JERRY L. JACKSON  
Signature (Type or printed name of registered agent and title, if applicable) (NOTE: Registered agent signature required when reinstating) DATE

CR2E034 (10/97)