

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90010 014 ***150.00

DOCUMENT # P98000043301

1. Entity Name
JACKSON EQUIPMENT, INC.



Principal Place of Business Mailing Address
541787 US HWY 1 552458 US Hwy 1 541787 US HWY 1 552458 US
HILLIARD, FL 32046 HILLIARD, FL 32046 Hwy. 1

24075888



2. Principal Place of Business 3. Mailing Address
JACKSON Equip. Inc. JACKSON Equip. Inc.
Suite, Apt. #, etc. Suite, Apt. #, etc.
552458 US Hwy 1 552458 US Hwy 1
City & State City & State
Hilliard FL Hilliard FL
Zip Country Zip Country
32046 32046

03012003 Chg-P CR2E034 (10/03)

4. FEI Number 59-3511781 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
SCHUETZ, WILLIAM J
541787 US HWY 1 552458 US Hwy. 1
HILLIARD, FL 32046

7. Name and Address of New Registered Agent
Name William J. Schuetz
Street Address (P.O. Box Number is Not Acceptable)
552458 US Hwy 1
Hilliard
City FL Zip Code 32046

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SCHUETZ, WILLIAM J | |
| STREET ADDRESS | 2310 SHIPWRECK CIRCLE W | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32224 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment, or an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 7, 2004

JACKSON EQUIPMENT, INC.
541787 US HWY 1
HILLIARD, FL 32046

SUBJECT: JACKSON EQUIPMENT, INC.
Ref. Number: P98000043301

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson
Document Specialist

Letter Number: 004A00031919

**Division of Corporations****Annual Report**

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Document Number

P98000043301

Business Entity Name

JACKSON EQUIPMENT, INC.

FEI Number

593511781

FEI Number Status

☐ Applied For ☐ Not Applicable ☒
CurrentCertificate of Status
Desired☐ Yes ☒ No**Principal Place of Business**

Address

552458 US HWY 1

Suite, Apt. #, etc.

City, State

HILLIARD

FL

Zip Code & Country

32046

Mailing Address

Address

552458 US HWY 1

Suite, Apt. #, etc.

City, State

HILLIARD

FL

Zip Code & Country

32046

Name And Address of Registered AgentName (Last, First, Middle,
Title)

SCHUETZ

WILLIAM

J

-or- RA Business Name

Address

552458 US HWY 1

Suite, Apt. #, etc. City, State

HILLIARD

FL

Zip Code & Country 32046

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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Document Number

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Business Entity Name

JACKSON EQUIPMENT, INC.Election Campaign Financing Trust Fund
Contribution☐ Yes ☒ No**Officer/Director Name And Address**

Title

Name (Last, First, Middle,
Title)**-or-** Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)**-or-** Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,

2405888

Title) , , ,

-or- Entity Name

Street Address

City, State ,

Zip Code & Country

Title

Name (Last, First, Middle, Title) , , ,

-or- Entity Name

Street Address

City, State ,

Zip Code & Country

Title

Name (Last, First, Middle, Title) , , ,

-or- Entity Name

Street Address

City, State ,

Zip Code & Country

Title

Name (Last, First, Middle, Title) , , ,

-or- Entity Name

Street Address

City, State ,

Zip Code & Country

☐ **List more than six
Officers/Directors**

☐ **No additional
Officers/Directors to list**

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not

ATTACHMENT 2405888
98000043301

allowed in this block.

Title

P

Officer/Director Signature

WILLIAM J SCHUETZ

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Division of Corporations

Annual Report

Payment Page

Document Tracking # - **000034487680**

For

Corporate Annual Report # - **P98000043301**

The charge amount for your filing is \$150.00.

Payment

If you experience a problem during the payment process and do not receive your final acknowledgement from the Division of Corporations, please contact our help desk at (850) 245-6939.

When you receive your final acknowledgement, your document will be processed within 48 hours.

When your document is filed, we will mail any requested documents to the return address listed on the form.

Please select one of the payment options listed below.

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If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

Sunbiz E-file account number

Password

E-mail Address

Sunbiz E-file Account Payment

Reset

If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

ATTACHMENT

280000 43301

24075888

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