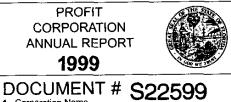
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

JACKSON'S SHELL INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90251 008 ***150.00

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	(0)	Mailing Address								
Principal Place		Mailing Address								
10716 ATLANTIC JACKSONVILLE		10716 ATLANTIC BLVD JACKSONVILLE FL 32225 US			DO NOT WRITE IN THIS SPACE					
US		00			3. Date Incorporated or Qualifed					
					12/31/1990		ļ			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	T Ap	plied For			
_	ace of Edsiricas	26			59-3051384	No	t Applicable			
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional			
	, 610.	27			5. Certificate of Status Desired	Fee Re	equired			
City & State		City & State			6. Election Campaign Financing S5.00 May B					
一 ・	-	28			Trust Fund Contribution	Added 1				
Zip	Country	Zip	Country		8. This corporation owes the current year Int	angible				
	25	29 3	_ `	•	Personal Property Tax.	☐Yes	₽No !			
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered	Agent				
	9. Maille and Address of Contain	t itegratorou Agent	81	Name						
JACK	(SON, JOHNNY A.		_							
	6 ATLANTIC BLVD		82	Street Add	ress (P.O. Box Number is Not Acceptable)		1			
	(SONVILLE FL 32225		83							
UNCI	TOOTTVILLE TE GEELG			1						
			84	City	FL	85 Zip (Code			
4. 5		2 and 607 1509 Elorida Statutos	the above	o-named corr	poration submits this statement for the nurpose of	changing its	registered			
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was aut	norizea by	the corporati	ion's board of directors. I hereby accept the appoi	ntment as re	egistered			
SIGNATURE										
	Signature, typed or printed name of registered agen	<u> </u>		ent signature require	ed when reinstating) DATE					
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		Addition			
TITLE	D	☐ DELETE	1.1 TITLE			Change	LI Addition			
NAME	JACKSON, JOHNNY A.		1.2 NAME				1			
STREET ADDRESS	3770 FEATHER OAKS DR E.		1.3 STREE	T ADDRESS			}			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-5	ST-ZIP			=			
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition			
NAME	JACKSON, SHERRYL B.		2.2 NAME							
STREET ADDRESS	3770 FEATHER OAKS DR E.		2.3 STREE	T ADDRESS	مراد	. 🕶 😞				
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-	ST-ZIP						
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.1 TITLE			Change	Addition			
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	T ADDRESS			1			
			3.4. CITY-	ST-ZIP						
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Change	Addition			
NAME			4. 2 NAME				ļ			
				T ADDRESS			{			
STREET ADDRESS			4.4 CITY-	ľ						
CITY-ST-ZIP		☐ DELETE	51 TITLE	31-21-		Change	Addition			
TITLE			5.2 NAME	-						
NAME			J	T ADDRESS						
STREET ADDRESS			5.4 CITY-							
CITY-ST-ZIP		DELETE	6.1 TITLE			Change	Addition			
TITLE						change				
NAME	}		6.2 NAME	ľ			}			
STREET ADDRESS				T ADDRESS			Ì			
CITY-ST-ZIP			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 localiver 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 appachment with an address, with all other like empowered.

SIGNATURE:

904-642-5986