

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 22 AM 8: 59

4/26/22

DOCUMENT # S50697 (9)  
1. Corporation Name  
JENNINGS HOUSING CORPORATION



Principal Place of Business

ROUTE 1, BOX 20A  
JENNINGS FL 32053-9801

Mailing Address

ROUTE 1, BOX 20A  
JENNINGS FL 32053-9801

3. Date Incorporated or Qualified  
05/07/1991

3a. Date of Last Report  
08/25/1995

4. FEI Number  
59-3081154

Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

503-10TH STREET WEST

Suite, Apt. #, etc.

City & State

PALMETTO, FL

Zip

34221

Country

US

9. Name and Address of Current Registered Agent  
AUTREY, WALTER G JR  
ROUTE 2 BOX 4310  
JENNINGS FL 32053

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name, and address of the person signing this statement (Print Name, Title, Age, Sex, and Residence Address)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
ENGLISH, JOHN EDWIN  
STREET ADDRESS  
ROUTE 2, BOX 421 N/A  
CITY - ST - ZIP  
IMMOKALEE FL

TITLE ☐ DELETE

NAME  
ESFORMES, JOSEPH E.  
STREET ADDRESS  
ROUTE 2, BOX 421 N/A  
CITY - ST - ZIP  
IMMOKALEE FL

TITLE ☐ DELETE

NAME  
AUTREY, WALTER G., JR.  
STREET ADDRESS  
311 E. CENTRAL AVE.  
CITY - ST - ZIP  
VALDOSTA GA

TITLE ☐ DELETE

NAME  
AUTREY, WALTER G III  
STREET ADDRESS  
ROUTE 2, BOX 4310N  
CITY - ST - ZIP  
JENNING FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Joseph E. Esformes*

JOSEPH E. ESFORMES

4/24/96

941-722-3291

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE #

CR2E034 (12/95)