

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S65634** (5)
1. Corporation Name
JACKIE C. INC.



Principal Place of Business
**18401 US 19
HUDSON FL 34667
US**

Mailing Address
**1282 DELTONA BLVD
SPRING HILL FL 34606
US**

2. Principal Place of Business
21 **16840 US HWY 19**
Suite, Apt. #, etc.
22
City & State
23 **HUDSON, FL**
Zip Country
24 **34667** 25 **FL** 29
2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified **07/08/1991** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-3074786** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**BENOIST, DANIELLE N
1293 DELTONA BLVD.
SPRING HILL FL 34606**

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 _____ DATE _____
OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PVS	BENOIST, DANIELLE N	12 NAME	
1293 DELTONA BLVD.	1293 DELTONA BLVD.	13 STREET ADDRESS	
SPRINGHILL FL	SPRINGHILL FL	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	21 TITLE	
	<input type="checkbox"/> DELETE	22 NAME	
	<input type="checkbox"/> DELETE	23 STREET ADDRESS	
	<input type="checkbox"/> DELETE	24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	31 TITLE	
	<input type="checkbox"/> DELETE	32 NAME	
	<input type="checkbox"/> DELETE	33 STREET ADDRESS	
	<input type="checkbox"/> DELETE	34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	41 TITLE	
	<input type="checkbox"/> DELETE	42 NAME	
	<input type="checkbox"/> DELETE	43 STREET ADDRESS	
	<input type="checkbox"/> DELETE	44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	51 TITLE	
	<input type="checkbox"/> DELETE	52 NAME	
	<input type="checkbox"/> DELETE	53 STREET ADDRESS	
	<input type="checkbox"/> DELETE	54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	61 TITLE	
	<input type="checkbox"/> DELETE	62 NAME	
	<input type="checkbox"/> DELETE	63 STREET ADDRESS	
	<input type="checkbox"/> DELETE	64 CITY-STATE-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: *Danielle Benoist* **DANIELLE BENOIST** X 3-9-96 (813) 868-0894
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)