Amended #61.25

PROFIT SORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

\$andra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$93637

(4)

Jackson Engineering & Manufacturing, Inc.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC -3 PM 12: 32

407-886-0545

Principal Plac	e of Business	Mailing	Address									
2023 .	Apex Court	202	3 Apex	Court	t							
	a, FL 32703	Apo	pka, FL	32	703	}						
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		-							F.	25/9°		
-		15. 16.	- Calabono				1 1 / 1 4. FEI Number	2/91	0/	, ', , _		
	Place of Business	├ ──-1	2a. Mailing Address									
21			Suite Apl. #, etc				59-3091301 Not Applicable					
Suite, Apt.	#, etc.	<u></u> ⊢-1	e, Apr. #, etc				5. Certificate of	Status Desired		6.75 Fee Re		
22		27 City	P Ctoto				5 54 64 64		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
City & Stat	e	_ _ 	City & State				6. Election Cam Trust Fund C	, ,	~ ~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
23	Country	28 Zip		Cour	atry							
Zip	<u>⊢</u> , '			30	iti y		Florida Statut	ion has liability for in	Tangible (a)		199.037,	
24	9. Name and Address of Curre	29	Agent	[30]				ddress of New Reg				
	9. Name and Address of Corre	iii Negistereo	Agent		81 N	larne	10. Nume und A	441000 01 11011 1101	Jiotolea Ag	<u> </u>		
1							drea Aver	s				
					82 S	treet Add	drea Ayers ress (P.O. Box Number is Not Acceptable)					
				-	-	19	41 Grasme	<u>ere Drive</u>				
				[83							
					84 C	City			[85 Zip (Code	
						Àn	opka			32	703	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.15	08, Florida Statut	os, the ab	ove-na	amad aar	aarātiaa aubmita thia	statement for the p	urpose of ch	anaine it	c registered	
office or I	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obli-	e of Florida. Su	uch change was a tion 607 0505. Eld	authorized orida Stati	i by thi ites	e corpora	tion's board of direct	ors. Thereby accep	t the appoin	(ment as	registerea	
	att fartillar with, and accept the con-	galacia di, ded	^	onda onda								
SIGNATURE	Signature, typed or printed hame of registered a	nent a sulle il autoli	catule (NOT	i Registered	Agent si	ionaluro requi	red when reinstating)		DA1L			
12.		ND DIRECTOR		13.	<u> </u>			HANGES 10 OFFIC	ERS AND D	IRECTOR	S IN 12	
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14. I do here	by certify that the information supplion indicated on this annual report of	ied with this filli	ng does not quali annual report is t	ty for the e	exemp iccure!	otion state te and tha	d in Section 119.07() It my signature shall	s)(i), Florida Statute: have the same lega	s. I further ce Leffect as if	ertity that made un	trië der oath: tha	
lam an d	officer or director of the corporation.	or the receiver.	or trustee empoy	vered to e:	xecute	this repo	rt as required by Ch	apter 607, Florida S	tatutes, and	that my r	ame	
appears	in Block 12 or Block 13 if changed.	or on an attach	nment with an add	dress.		•				-		