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

**PROFIT CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS

**SIGNATURE:** 

14. I hereby certify that the information supplied with this filing does not qualified indicated on this annual report or supplemental annual priort is true and



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

JOHN JACKSON HOMES, INC.

## **FILED** Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										
1800 W HIBISCUS BLVD 1800 W HIBISCUS BLVD STE 128										
MELBOURNE FL 32901				MELBOURNE FL 32901				DO NOT WRITE IN THIS SPACE		
US				US				3. Date Incorporated or Qualified		
								05/10/1992		
2. Principal P	Place of Busin	Yess	20	, Mailing Address				4. FEI Number Applied For		
21			26					<b>59-3130317</b> Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be		
23				28				Trust Fund Contribution Added to Fees		
Zıp	Country			Zip Coul			У	8. This corporation owes or has paid the current year Intangible		
24	25 29 30				30			Personal Property Tax due June 30. Yes No		
	g, Name	and Address of Curre	ent Regis	stered Agent			·····	10. Name and Address of New Registered Agent		
JA	VCKSON, J	JHN L				81	Name	Name		
1999 ISLAND CLUB DRIVE						82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE 23 INDIALANTIC FL 32903						83				
						84	City	es Zip Code		
							i ·	FL  `		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-							e-named co	orporation submits this statement for the purpose of changing its registered ration's board of directors. I bereby accept the appointment as 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
	Signature, typed	or printed name of registered a				d Age	ent signatura req	quired when reinstating) DATE		
12.	ъ .	OFFICERS A	ND DIRE	DELETE	13. 1.1 TI	71.5		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition		
TITLE	, ,	ON, JOHN L						Change rectition		
NAME		/ HISUCUS BYLD			1.2 N					
STREET ADDRESS							T ADORESS			
CITY+ST-ZIP TITLE	MELBOURNE FL					1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition		
	JACKSON, JAMES H.					2.2 NAME		Olango radiioit		
NAME						2.3 STREET ADDRESS				
STREET ADDRESS	AID DAUGHE CL							υ.		
CITY-ST-ZIP TITLE	MELDOUNNE FL					2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition		
NAME				3.1				C Orange C reconnect		
STREET ADDRESS							T ADDRESS			
	l									
CITY+ST-ZIP TITLE				DELETE 411			\$T-ZIP	Change Addition		
NAME				□ v	4.21					
STREET ADDRESS							T ADDRESS			
CITY-ST-ZIP					4.4 C	ITY-S	\$1 - 2IP			
TITLE	1			DELETE	5.1 TI			☐ Change ☐ Addition		
NAME					5.2 N	AME				
STREET ADDRESS							T ADDRESS			
CITY-ST-ZIP							ST-ZIP			
TITLE				DELETE	6.1 TI			☐ Change ☐ Addition		
NAME					6.2 N			- · · · · · · · · · · · · · · · · · · ·		

6.3 STREET ADDRESS