

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 # **V48072** (5)

1. Corporation Name

JACKMATE, INC.



Principal Place of Business

**6470 THIRD PALM POINT
ST PETERSBURG BEACH FL 33706**

Mailing Address

**6470 THIRD PALM POINT
ST PETERSBURG BEACH FL 33706**

3. Date Incorporated or Qualified
07/07/1992

3a. Date of Last Report
08/04/1995

2. Principal Place of Business

21 **1061 GULF BLVD**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **20.00 101**

Suite, Apt. #, etc.

27 City & State

City & State

23 **CLARKSVILLE FL**

City & State

28 Zip

Zip

24 **34630**

Country

25 **FLORIDA**

Zip

29 Country

30

4. FEI Number

59-3136556

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES T. & CYNTHIA K. HENDRICK
6470 THIRD PALM POINT
ST PETERSBURG BEACH FL 33706**

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: *James T. Hendrick* **JAMES T. HENDRICK, PRES.**

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reappointing.)

4/30/96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D HENDRICK, JAMES T.**
STREET ADDRESS **6470 THIRD PALM POINT**
CITY-STATE-ZIP **ST PETERSBURG BCH FL**

TITLE ☐ DELETE

NAME **D HENDRICK, CYNTHIA K.**
STREET ADDRESS **6470 THIRD PALM POINT**
CITY-STATE-ZIP **ST PETERSBURG BCH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

James T. Hendrick **JAMES T. HENDRICK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 **813-763-8501**
DATE Daytime Phone

CR2E034 (12/95)