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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90022 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **H10344**

1. Corporation Name  
**JOBS, INC.**



Principal Place of Business  
**327 E. HIGHBANKS RD.  
 P. O. BOX 128  
 DEBARY FL 32713**

Mailing Address  
**327 E. HIGHBANKS RD.  
 P. O. BOX 128  
 DEBARY FL 32713**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/29/1984**

4. FEI Number **59-2420676** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAGWELL, JAMES L  
 560 BERNASEK DR  
 DEBARY FL 32713**

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **P BAGWELL, JAMES L.**  
 STREET ADDRESS **560 BERNASEK DRIVE**  
 CITY-ST-ZIP **DEBARY FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **S SHALETT, CHARLES**  
 STREET ADDRESS **505 DELTONA BLVD.**  
 CITY-ST-ZIP **DELTONA FL**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **VP FLYNN, WILLIAM J.**  
 STREET ADDRESS **32213 CHIPPEWA AVE.**  
 CITY-ST-ZIP **DELAND FL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **T PUGH, HARRY D.**  
 STREET ADDRESS **1409 CHICHESTER ST.**  
 CITY-ST-ZIP **ORLANDO FL 32803**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **VP WEBER, STEVEN**  
 STREET ADDRESS **33 CHEROKEE CT W**  
 CITY-ST-ZIP **PALM COAST FL**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan Bagwell*  
 2/23/99

407-668-4468  
 Daytime Phone #

CR2E034 (1/198)