

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 3-15-96 B-2312 C

DOCUMENT # **L04912** (6)

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



Principal Place of Business: **3345 27TH AVENUE S.W. NAPLES FL 33964-7141**  
Mailing Address: **3345 27TH AVENUE S.W. NAPLES FL 33964-7141**

|    |                                |    |                     |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. |
| 23 | City & State                   | 28 | City & State        |
| 24 | Zip                            | 29 | Zip                 |
| 25 | Country                        | 30 | Country             |

|    |  |   |                                       |
|----|--|---|---------------------------------------|
| 3. | Date Incorporated or Qualified   | 3a.                                     | Date of Last Report                   |
|    | <b>07/27/1989</b>  |   | <b>05/01/1995</b>                     |
| 4. | FET Number   | Applied For                             |                                       |
|    | <b>65-0169281</b>  | <input type="checkbox"/> Not Applicable |                                       |
| 5. | Certificate of Status Desired  | <input checked="" type="checkbox"/>     | <b>\$8.75 Additional Fee Required</b> |
| 6. | Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/>                | <b>\$5.00 May Be Added to Fees</b>    |
| 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                       |

|   |  |  |  |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent                         |  | 10. Name and Address of New Registered Agent |  |
| <b>PEHLKE, RICHARD, SR.<br/>3345 27TH AVENUE S.W.<br/>NAPLES, 33964</b> |  | 81   | Name   |
|   |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|   |  | 83   |  |
|   |  | 84   | City   |
|   |  | 85   | Zip Code   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------|---|---|
| TITLE                      | <b>PD</b>                    | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PEHLKE, RICHARD SR.</b>   | 2. NAME   |   |
| STREET ADDRESS             | <b>3345 27TH AVENUE S.W.</b> | 3. STREET ADDRESS                                     |   |
| CITY-STATE-ZIP             | <b>NAPLES FL</b>             | 4. CITY-STATE-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <b>VD</b>                    | 21. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PEHLKE, RICHARD JR.</b>   | 22. NAME  |   |
| STREET ADDRESS             | <b>5381 - 21ST PLACE SW</b>  | 23. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>NAPLES FL</b>             | 24. CITY-STATE-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <b>SD</b>                    | 31. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PEHLKE, RUTH</b>          | 32. NAME  |   |
| STREET ADDRESS             | <b>3345 27TH AVENUE S.W.</b> | 33. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>NAPLES FL</b>             | 34. CITY-STATE-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <b>TD</b>                    | 41. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PEHLKE, JEFFREY S.</b>    | 42. NAME  |   |
| STREET ADDRESS             | <b>1540 29TH ST. S.W.</b>    | 43. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>NAPLES FL</b>             | 44. CITY-STATE-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                              | 51. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 52. NAME  |   |
| STREET ADDRESS             |                              | 53. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |                              | 54. CITY-STATE-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                              | 61. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                              | 62. NAME  |   |
| STREET ADDRESS             |                              | 63. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |                              | 64. CITY-STATE-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Ruth Pehlke* **Ruth Pehlke** 3/12/96 941 455-2027  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)