

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 14 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035670 (6)

1. Corporation Name
JABEZ, INC.

Principal Place of Business
**8538 MALLARY ROAD, #1
JACKSONVILLE FL 32220**

Mailing Address
**8538 MALLARY ROAD, #1
JACKSONVILLE FL 32220**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/11/1994	3a. Date of Last Report
4. FEI Number 59-3157695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. PO Box 1233
22. City & State	27. Suite, Apt. #, etc.
23. City & State	28. Bronford FL
24. Zip	29. 32008
25. Country	30. Sumner

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DESANTIS, VINCENT A 8538 MALLARY ROAD, #1 JACKSONVILLE FL 32220		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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTIS, VINCENT A	1.2 NAME	
STREET ADDRESS	12038 ACCORNSHELL LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32220	1.4 CITY - ST - ZIP	
TITLE	VPO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDRESS, ROBERT C III	2.2 NAME	R Childress, Robert C III
STREET ADDRESS	403 HAWKINS STREET	2.3 STREET ADDRESS	PO Box 1233 O'Brien Express
CITY - ST - ZIP	LIVE OAK FL 32060	2.4 CITY - ST - ZIP	Bronford FL 32008
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIFTHROTT, ALICE M	3.2 NAME	Childress, Alice M
STREET ADDRESS	POST OFFICE BOX 1408 N/A	3.3 STREET ADDRESS	PO Box 1233 O'Brien Express
CITY - ST - ZIP	LIVE OAK FL 32060	3.4 CITY - ST - ZIP	Bronford FL 32008
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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: Alice M Childress Alice M Childress 704-935-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone