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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P98000055215**

1. Corporation Name

THE LAW OFFICES OF JACOBS & ETHERINGTON, P.A.

Principal Place of Business	Mailing Address
2830-L NW 41 ST GAINESVILLE FL 32606	2830-L NW 41 ST GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/19/1998**

2. Principal Place of Business	2a. Mailing Address
21 2830 NW 41st Street	26 2830 NW 41st Street
Suite, Apt. #, etc. 22 Suite L2	Suite, Apt. #, etc. 27 Suite L2
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip / Country 24 32606 25 USA	Zip / Country 29 32606 30 USA

4. FEI Number: 59-3516103 ☐ Applied For ☐ Not Applicable

5. Certifcate 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
ETHERINGTON, DAVID 2830-L NW 41 ST GAINESVILLE FL 32606	81 Name: Robert J. Jacobs 82 Street Address (P.O. Box Number is Not Acceptable): 2830 NW 41st Street, Suite L2 83 84 City: Gainesville **FL** 85 Zip Code: 32606

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: Robert J. Jacobs — 1/8/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVPS JACOBS, ROBERT 2830-L NW 41 ST GAINESVILLE FL 32606	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 2830 NW 41st St., Suite L2
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JACOBS, ROBERT 2830-L NW 41 ST GAINESVILLE FL 32606	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition 2830 NW 41st St., Suite L2
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: Robert J. Jacobs SIGNATURE REQUIRED — 1/8/99 — 352-335-2699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #