

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90044 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000055215**

1. Corporation Name

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



Principal Place of Business 2830-L NW 41 ST GAINESVILLE FL 32606	Mailing Address 2830-L NW 41 ST GAINESVILLE FL 32606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2830 NW 41st Street Suite, Apt. #, etc. 22 Suite L2 City & State 23 Gainesville, FL Zip 24 32606		2a. Mailing Address 26 2830 NW 41st Street Suite, Apt. #, etc. 27 Suite L2 City & State 28 Gainesville, FL Zip 29 32606		3. Date Incorporated or Qualified 06/19/1998	
		4. FEI Number 59-3516103		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 owes the current year intangible Personal Property Tax.		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent ETHERINGTON, DAVID 2830-L NW 41 ST GAINESVILLE FL 32606		10. Name and Address of New Registered Agent 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	
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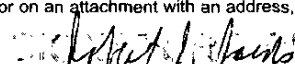
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

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 ☒ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	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 ☒ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	2830 NW 41st St., Suite L2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	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

1/8/99
Date

352-335-2699
Daytime Phone #

CR2E034 (11/98)