

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S35403

(2)

1. Corporation Name

JACOBS, JACOBS & ASSOC., INC.

Principal Place of Business

Mailing Address

**4075 A1A
STE 200
ST AUGUSTINE FL 32084
US**

**3689 A1A
STE 355
ST AUGUSTINE FL 32084
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/04/1991

3a. Date of Last Report

04/14/1994

4. FBI Number

59-3052141

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 has liability for intangible tax under S. 100.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1093 A1A Beach Blvd**

22 City & State

27 **Suite 355**

23 Zip Country

28 **St. Augustine, FL**

24 **32084** **30** **USA**

9. Name and Address of Current Registered Agent

**BROWN, RONALD W. P.A.
68 CUNA STREET
SUITE B
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACOBS, PHILIP H.
STREET ADDRESS	1021 SAN RAFAEL ST.
CITY- ST- ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	JACOBS, PHILIP H.
STREET ADDRESS	1021 SAN RAFAEL ST.
CITY- ST- ZIP	ST. AUGUSTINE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Jacobs, Philip H.	
1.3 STREET ADDRESS	1093 A1A Beach Blvd, #355	
1.4 CITY- ST- ZIP	St. Augustine, FL 32084	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	Jacobs, Philip H.	
2.3 STREET ADDRESS	1093 A1A Beach Blvd, #355	
2.4 CITY- ST- ZIP	St. Augustine, FL 32084	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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 to this report.

SIGNATURE:

PHILIP H. JACOBS

4/20/95

(904) 461-5562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)