FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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	1093 A1A BEACH BLVD SUITE 355 ST AUGUSTINE FL 32084 US

3. Date Incorporated or Qualified: **03/04/1991**
3a. Date of Last Report: **04/26/1995**

4. FEI 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 2085 SR 3
Suite, Apt. #, etc.
22 201
City & State
23 ST. AUGUSTINE FL
Zip
24 32084
Country
25 U.S.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

BROWN, RONALD W. P.A.
66 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 607.1505, 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JACOBS, PHILIP H.		1.2 NAME		
STREET ADDRESS	1093 A1A BEACH BLVD, #355		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	VP/D	☑ Change ☐ Addition
NAME	JACOBS, PHILIP H.		2.2 NAME	MARY W. JACOBS	
STREET ADDRESS	1093 A1A BEACH BLVD, #355		2.3 STREET ADDRESS	1093A1A BEACH BLVD #355	
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: Philip H. Jacobs 1/21/96 (904)461-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
PHILIP H. JACOBS

CR2E034 (12/95)