

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90158 026 ***150.00

DOCUMENT # P95000063410

1. Corporation Name

JACOBS FINANCIAL, INC.

Principal Place of Business

3950 N. 43 AVE.
HOLLYWOOD FL 33021

Mailing Address

3950 N. 43 AVE.
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1995

4. FEI Number

65-0604042

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

2. Principal Place of Business

21 4273 PINE RIDGE CT.

2a. Mailing Address

26 4273 PINE RIDGE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 WESTON FL.

27 WESTON FL.

City & State

City & State

23 33331 BROWARD

28 33331 BROWARD

Zip Country

Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

JACOBS, BRUCE R
WEDDERBURN & JACOBS, P.A.
16300 N.E. 19 AVE., SUITE 208
NORTH MIAMI BEACH FL 33162

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME JACOBS, RONALD M
STREET ADDRESS 3950 N. 43 AVE.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D
NAME JACOBS, JUDITH
STREET ADDRESS 3950 N. 43 AVE.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

1.1 TITLE D
1.2 NAME JACOBS, RONALD M.
1.3 STREET ADDRESS 4273 PINE RIDGE CT.
1.4 CITY-ST-ZIP WESTON, FL 33331

2.1 TITLE D
2.2 NAME JACOBS, JUDITH
2.3 STREET ADDRESS 4273 PINE RIDGE CT.
2.4 CITY-ST-ZIP WESTON, FL 33331

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Ronald M. Jacobs
RONALD M. JACOBS
DIRECTOR

4/14/99 (954) 217-1993
Date Daytime Phone #

CR2E034 (1/98)