

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 PM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 310511 (1)

1. Corporation Name
JACOBSON-REA, INC.

Principal Place of Business Mailing Address
% DONALD E. JACOBSON.2150 N. USI(34946) P.O. BOX 3430 FT PIERCE FL 34948-3430
% DONALD E. JACOBSON.2150 N. USI(34946) P.O. BOX 3430 FT PIERCE FL 34948-3430

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **10/28/1966** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1151649** 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 2a. Mailing Address
21 City & State **901 S. 3rd St.** 26 City & State **P.O. BOX 3430**
22 Suite, Apt. #, etc. **3AY "L"** 27 Suite, Apt. #, etc.
23 City & State **FT. PIERCE FL** 28 City & State **FT. PIERCE FL**
24 Zip **34950** 25 Country **U. S. A.** 29 Zip **34948-3430** 30 Country **U. S. A.**

9. Name and Address of Current Registered Agent
**JACOBSON, DONALD E
1363 BAYSHORE DR
FT PIERCE FL 33450**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, DONALD E.	1.2 NAME	
STREET ADDRESS	1363 BAYSHORE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	1.4 CITY - ST - ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REA, JOHN R.	2.2 NAME	
STREET ADDRESS	1215 SOUTH 11TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, MARILEE I	3.2 NAME	
STREET ADDRESS	1363 BAYSHORE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), Florida Statutes. I further certify that the information indicated on the 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 applicable, or on an attachment with an address.

SIGNATURE: *Donald E. Jacobson* **4-26-95** **907-464-1227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Signature) (Typed Name)

DONALD E. JACOBSON, PRES.