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 # **357941** **(4)**

1. Corporation Name
JOBBER SERVICE COMPANY

Principal Place of Business
5433 BUFFALO AVE. ✓
~~P.O. BOX 9217~~
JACKSONVILLE FL ~~32206~~

Mailing Address
5433 BUFFALO AVE. ✓
~~P.O. BOX 9217~~
JACKSONVILLE FL ~~32206~~

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 32208 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 32208 Country 30

3. Date Incorporated or Qualified: 01/12/1970
3a. Date of Last Report: 02/23/1995
4. FEI Number: 59-1310612 [ ] 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 [X] No

9. Name and Address of Current Registered Agent
HITZING, E W
5433 BUFFALO AVE
JACKSONVILLE FL 32208

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 607.0505, 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

12. OFFICERS AND DIRECTORS

TYPE	PD	[ ] DELETE
NAME	HITZING, E W	
STREET ADDRESS	5433 BUFFALO AVE	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	
TYPE	TD	[ ] DELETE
NAME	DAVIS, RAYMOND	
STREET ADDRESS	5433 BUFFALO AVE	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	
TYPE	SD	[ ] DELETE
NAME	DAVIS, SHARON R	
STREET ADDRESS	5433 BUFFALO AVE	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	
TYPE	VD	[ ] DELETE
NAME	HITZING, A G	
STREET ADDRESS	5433 BUFFALO AVE	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	
TYPE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TYPE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP	32208	
21 TYPE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP	32208	
31 TYPE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP	32208	
41 TYPE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP	32208	
51 TYPE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TYPE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied herein, for purposes of certifying, to the extent applicable, for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that to the best of my knowledge and belief, the information contained herein is true, accurate and complete, 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 herein, or I am a person to be listed with the addition of a title or description.

SIGNATURE: Raymond Davis Treasurer 3-12-96 904-353-0962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
RAYMOND C DAVIS