

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

DOCUMENT # 441062

1. Corporation Name  
JOBO, INC.

Principal Place of Business  
1707 ELM ST  
SUITE E  
ROCKLEDGE FL 32955  
US

Mailing Address  
PO BOX 1719  
COCOA FL 32923-1719  
US

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90202 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/30/1973

4. FEI Number  
59-1520582

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

2a. Mailing Address

21 126 S. Twin Lks Rd.  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State  
Cocoa FL

27 City & State

23 Zip Country  
32926 USA

28 Zip Country

24 32926 25 USA

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKOWRON, JOSEPH F.  
1707 ELM ST. (ROCKLEDGE, FL 32955)  
126 S. TWIN LKS RD  
COCOA FL 32926

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
126 S. Twin Lks Rd  
83  
84 City COCOA FL 85 Zip Code 32926

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SKOWRON, JOSEPH F.  
STREET ADDRESS 126 S. TWIN LKS. RD.  
CITY-ST-ZIP COCOA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD  
NAME SKOWRON, JODIE  
STREET ADDRESS 126 S TWIN LKS RD  
CITY-ST-ZIP COCOA, FL 00000

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME SKOWRON, CHIP  
STREET ADDRESS 126 S TWIN LKS RD  
CITY-ST-ZIP COCOA, FL 00000

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

TITLE D  
NAME SKOWRON, SARA S  
STREET ADDRESS 126 S TWIN LKS RD  
CITY-ST-ZIP COCOA FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99 (407)631-0111  
Date Daytime Phone #

CR2E034 (11/98)