

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90199 018 ***150.00

DOCUMENT # 679296

1. Corporation Name
RON JACOBS, INC.

Principal Place of Business

~~1630 NE CHERRY HWY~~
4231 NE CHERI DR
JENSEN BEACH FL 34957
US

Mailing Address

~~4231 NE CHERI DR~~
~~4231~~
JENSEN BEACH FL 34957
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1980

4. FEI Number

59-2026051

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 4231 NE CHERI DR

Suite, Apt. #, etc.

22 JENSEN BEACH, FL

City & State

23 34957

Zip

USA

Country

24

25

2a. Mailing Address

26 4231 NE CHERI DR

Suite, Apt. #, etc.

27 JENSEN BEACH, FL

City & State

28 34957

Zip

U.S.A.

Country

29

30

9. Name and Address of Current Registered Agent

JACOBS, RONALD
4231 NE CHERI DR
~~4231~~
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name

RONALD JACOBS

82 Street Address (P.O. Box Number is Not Acceptable).

4231 NE CHERI DR

83

84 City

JENSEN BEACH

FL

85 Zip Code

34957

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 Ronald Jacobs Ron Jacobs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-10-99

DATE

12. OFFICERS AND DIRECTORS

TITLE VPS
NAME JACOBS, RONALD
STREET ADDRESS 4231 NE CHERI DR
CITY-ST-ZIP JENSEN BCH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

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 Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Jacobs

561-334-6396
Date Daytime Phone #

CR2E034 (1/98)