

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **849414** (8)

1. Corporation Name

FREES SPEEDOMETER SERVICE INCORPORATED



Principal Place of Business

Mailing Address

~~3585 COMMERCIAL WAY
UNIT 1
SPRING HILL FL 34606
US~~

~~3585 COMMERCIAL WAY
UNIT 1
SPRING HILL FL 34606
US~~

3. Date Incorporated or Qualified
06/12/1981

3a. Date of Last Report
04/19/1995

2. Principal Place of Business
21 12147 Cortez Boulevard

2a. Mailing Address

4. FEI Number
37-0856777

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22

27

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

City & State

City & State

23 Brooksville, FL

28

Zip **34613**

Country

Zip

Country

24 34613 25 Hernando

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBS, BENITA B.
7815 EDINBURGH DRIVE
NEW PORT RICHEY FL 34653**

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

Benita B. Jacobs

VP, Sec. Dir.

4/26/96

City, state, typed or printed name of registered agent and the corporation.

NOTE: Registered Agent's signature required when terminating.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTD JACOBS, JERRY CHAD**
STREET ADDRESS **3585 COMMERCIAL WAY, UNIT 1**
CITY - ST - ZIP **SPRING HILL, FL 34606**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **VSD JACOBS, BENITA B.**
STREET ADDRESS **3585 COMMERCIAL WAY, UNIT 1**
CITY - ST - ZIP **SPRING HILL, FL 34606**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **D JACOBS, JEFFREY JAY**
STREET ADDRESS **3585 COMMERCIAL WAY, UNIT 1**
CITY - ST - ZIP **SPRING HILL, FL 34606**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(k), 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.

SIGNATURE:

Benita B. Jacobs

4/26/96

(352) 597-1187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Display Phone

CR2E034 (12/95)