

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 # 853745 (8)  
1. Corporation Name  
JACOBS BROTHERS CONSTRUCTION COMPANY OF OHIO



Principal Place of Business  
25425 CENTER RIDGE RD.  
CLEVELAND OH 44145

Mailing Address  
25425 CENTER RIDGE RD.  
CLEVELAND OH 44145

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/11/1982		3a. Date of Last Report 04/25/1995	
21		26		4. FEI Number 34-1136842		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	HENNEBERRY, THOMAS W.	
STREET ADDRESS	25425 CENTER RIDGE RD.	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JACOBS, RICHARD E.	
STREET ADDRESS	25425 CENTER RIDGE RD.	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	PANCOAST, DAVID W.	
STREET ADDRESS	25425 CENTER RIDGE RD.	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	WEIGAND, ANTHONY W.	
STREET ADDRESS	25425 CENTER RIDGE RD.	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLEARY, MARTIN J.	
STREET ADDRESS	2425 CENTER RIDGE ROAD	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUBER, STEPHEN L.	
STREET ADDRESS	25425 CENTER RIDGE RD	
CITY-ST-ZIP	WESTLAKE OH	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/96 (216) 871-4800

CR2E034 (12/95)