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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F94000005094 (7)**

1. Corporation Name
JACOBS PROPERTIES, INC.

Principal Place of Business	Mailing Address
25425 CENTER RIDGE RD. WESTLAKE OH 44145	25425 CENTER RIDGE RD. WESTLAKE OH 44145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/30/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **34-1758842** ☐ 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 ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 required when registered agent is the Corporation) (DATE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CLEARY, MARTIN J	12 NAME	
STREET ADDRESS	25408 LAKE RD.	13 STREET ADDRESS	
CITY ST ZIP	BAY VILLAGE OH 44140	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HENNEBERRY, THOMAS W	22 NAME	
STREET ADDRESS	604 DWIGHT	23 STREET ADDRESS	
CITY ST ZIP	BAY VILLAGE OH 44140	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	HUBER, STEPHEN L	32 NAME	
STREET ADDRESS	31009 WILDERNESS TRAIL	33 STREET ADDRESS	
CITY ST ZIP	WESTLAKE OH 44145	34 CITY ST ZIP	
TITLE	CEO	41 TITLE	☐ Change ☐ Addition
NAME	JACOBS, RICHARD E	42 NAME	
STREET ADDRESS	12700 LAKE AVE.	43 STREET ADDRESS	
CITY ST ZIP	LAKEWOOD OH 44107	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	PANCOAST, DAVID W	52 NAME	
STREET ADDRESS	24300 LAKE RD.	53 STREET ADDRESS	
CITY ST ZIP	BAY VILLAGE OH 44140	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BIGGAR, JAMES M	62 NAME	
STREET ADDRESS	31600 FAIRMONT BLVD.	63 STREET ADDRESS	
CITY ST ZIP	PEPPER PIKE OH 44124	64 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)(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.

SIGNATURE: [signature] 4/28/95 (Date) (316) 871-4800 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0466412 FP