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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 44145-4122**

3. Date Incorporated or Qualified: **09/30/1994**	3a. Date of Last Report: **05/01/1996**
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	

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLEARY, MARTIN J		1.2 NAME		
STREET ADDRESS	25408 LAKE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BAY VILLAGE OH 44140		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HENNEBERRY, THOMAS W		2.2 NAME		
STREET ADDRESS	604 DWIGHT		2.3 STREET ADDRESS		
CITY-ST-ZIP	BAY VILLAGE OH 44140		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUBER, STEPHEN L		3.2 NAME		
STREET ADDRESS	31009 WILDERNESS TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	WESTLAKE OH 44145		3.4 CITY-ST-ZIP		
TITLE	CEO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JACOBS, RICHARD E		4.2 NAME		
STREET ADDRESS	12700 LAKE AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD OH 44107		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PANCOAST, DAVID W		5.2 NAME		
STREET ADDRESS	24300 LAKE RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BAY VILLAGE OH 44140		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BIGGAR, JAMES M		6.2 NAME		
STREET ADDRESS	31600 FAIRMONT BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PEPPER PIKE OH 44124		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 4/25/96 216-871-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #