

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005094 (7)

1. Corporation Name

JACOBS PROPERTIES, INC.

Principal Place of Business

25425 CENTER RIDGE RD.
WESTLAKE OH 44145

Mailing Address

25425 CENTER RIDGE RD.
WESTLAKE OH 44145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

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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

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	PD	<input type="checkbox"/> DELETE
NAME	CLEARY, MARTIN J	
STREET ADDRESS	25408 LAKE RD.	
CITY-ST-ZIP	BAY VILLAGE OH 44140	

TITLE	V	<input type="checkbox"/> DELETE
NAME	HENNEBERRY, THOMAS W	
STREET ADDRESS	604 DWIGHT	
CITY-ST-ZIP	BAY VILLAGE OH 44140	

TITLE	V	<input type="checkbox"/> DELETE
NAME	HUBER, STEPHEN L	
STREET ADDRESS	31009 WILDERNESS TRAIL	
CITY-ST-ZIP	WESTLAKE OH 44145	

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	JACOBS, RICHARD E	
STREET ADDRESS	12700 LAKE AVE.	
CITY-ST-ZIP	LAKEWOOD OH 44107	

TITLE	V	<input type="checkbox"/> DELETE
NAME	PANCOAST, DAVID W	
STREET ADDRESS	24300 LAKE RD.	
CITY-ST-ZIP	BAY VILLAGE OH 44140	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BIGGAR, JAMES M	
STREET ADDRESS	31800 FAIRMONT BLVD.	
CITY-ST-ZIP	PEPPER PIKE OH 44124	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARRY D. KAUFMAN	
1.3 STREET ADDRESS	25425 CENTER RIDGE RD.	
1.4 CITY-ST-ZIP	WESTLAKE, OHIO 44145	

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 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:

Kristine M. Mulvin

KRISTINE M.
MULVIN

4/24/98

40-871-4800

CR2E034 (10/97)