

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90219 046 \*\*\*150.00

DOCUMENT # F94000005094

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

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes. ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

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 P ☒ DELETE  
NAME KAUFMNA, BARRY D.  
STREET ADDRESS 25425 CENTER RIDGE RD  
CITY-ST-ZIP WESTLAKE OH 44145

TITLE V ☐ DELETE  
NAME HENNEBERRY, THOMAS W  
STREET ADDRESS 604 DWIGHT  
CITY-ST-ZIP BAY VILLAGE OH 44140

TITLE V ☐ DELETE  
NAME HUBER, STEPHEN L  
STREET ADDRESS 31009 WILDERNESS TRAIL  
CITY-ST-ZIP WESTLAKE OH 44145

TITLE CEO ☐ DELETE  
NAME JACOBS, RICHARD E  
STREET ADDRESS 12700 LAKE AVE.  
CITY-ST-ZIP LAKEWOOD OH 44107

TITLE V ☐ DELETE  
NAME PANCOAST, DAVID W  
STREET ADDRESS 24300 LAKE RD.  
CITY-ST-ZIP BAY VILLAGE OH 44140

TITLE D ☐ DELETE  
NAME BIGGAR, JAMES M  
STREET ADDRESS 31600 FAIRMONT BLVD.  
CITY-ST-ZIP PEPPER PIKE OH 44124

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME MARTIN J. CLEARY  
1.3 STREET ADDRESS 25425 CENTER RIDGE ROAD  
1.4 CITY-ST-ZIP WESTLAKE, OHIO 44145

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Signature of Registered Agent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

440-821-4800

Daytime Phone #