

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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G64083 (0)**

1. Corporation Name  
**LEONARD F. JACOBS BUILDERS, INC.**



Principal Place of Business 6041 SAND PINE ESTATES BLVD ORLANDO FL 32819 US	Mailing Address P.O. BOX 2080 WINDERMERE FL 34786-2080 US
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**10/07/1983**

21 407 COURTLEA CK, DR Suite, Apt. #, etc.	26 P.O. 270067 Suite, Apt. #, etc.
22 WINTER GARDEN FL City & State	27 WINTER GARDEN FL City & State
23 34787 Zip	28 34977-0067 Zip
24 ORANGE Country	29 ORANGE Country

4. FEI Number  
**59-2321164**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**JACOBS, LEONARD F**  
**6041 SAND PINES ESTATES BLVD.**  
**ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name **LEONARD F. JACOBS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**407 COURTLEA CK, DR.**

83 **WINTER GARDEN FL 34977-0067**

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 *Leonard F. Jacobs* DATE **1-12-98**

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JACOBS, LEONARD F	<input type="checkbox"/> ADDRESS CHANGE
STREET ADDRESS	6041 SAND PINES EST BLVD.	407 COURTLEA CK DR
CITY-ST-ZIP	ORLANDO FL	WINTER GARDEN FL 34977

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 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 by an attachment with an address.

SIGNATURE: *Leonard F. Jacobs* DATE: **1-12-98**

CR2E034 (10/97)