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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H97610

(0)

JACOB MACDOUGALL PROPERTIES, INC.

FILED Apr 07 1997 8:00am Secretary of State



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| 4701 SOUTH MACDILL AVENUE SUITE A TAMPA FL 32811 | | 4701 SOUTH MACDILL AVENUE SUITE A | | | | | | |
| TAMPA FL 3361 | 1 | TAMPA FL 33611-2803 | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 01/31/1986 | 3a. Date of 06/27/19 | | eport |
| 2. Principal Piace of Business 21 Suite, Apt. #, etc. 22 | | 2a. Mailing Address 26 | | | 4. FEI Number | | Apı | plied For |
| | | | | | | | | t Applicabl |
| | | Suite, Apt. #, etc. | | | | | .75 Additional se Required | |
| City & State |) | City & State | | | Election Campaign Financing Trust Fund Contribution | | 5.00 k | May Be |
| 23 Zip | Country | 28 | Country | ······································ | This corporation has liability for it | | | |
| 4 | 25 | 29 | 30 | • | | Yes No | | 188.032, |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Re | gistered Ageni | <u> </u> | |
| JAC(| OB, JAMES C. | | 81 | Name | | | | |
| 4701 SOUTH MACDILL AVENUE TAMPA FL 33611 | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | | |
| | | | 83 | | | | | |
| | | | 84 | City | ····· | 85 | Zip C | >ode |
| 44 65 | 1 C | 00 and 007 4500 Flacida Stat | | | | FL °° | | |
| office or re | egistered agent, or both, in the Stati | e of Florida_Such change wa | s authorized by | y the corpora | poration submits this statement for the p ation's board of directors. I hereby accep | of the appointm | igiriy ita ientas i | registered |
| agent Lar | m familiar with, and accept the oblig | galions of, Section 607.0505, | Florida Statute | S. | | | | |
| agan, ra | | | Tiorida Giaigio | | | | | |
| SIGNATURE | | | | | | DATE | | |
| SIGNATURE | Signature, typed or printed name of registered a: | gent and the diapplicable (N | IOTE Registered Ag | | ured when reinstating) | DATE ERS AND DIRE | CTORS | |
| SIGNATURE . | Signature, typed or printed name of registered as OFFICERS AN | gent and their applicable (N ND DIRECTORS | IOTE Registered Age | | | ERS AND DIRE | | S IN 12 |
| SIGNATURE | Signature, typed or printed name of registered as OFFICERS AN | gent and the diapplicable (N | IOTE Registered Age 13. 1.1 TITLE | | ured when (einstailing) | ERS AND DIRE | CTORS | S IN 12 |
| SIGNATURE . 12. TILLE NAME | Signature, typed or printed name of registered as OFFICERS AN V JACOB, JAMES C. | gent and their applicable (N ND DIRECTORS | IOTE Registered Age 13. 1.1 TITLE 1.2 NAME | ent agnature requ | ured when (einstailing) | ERS AND DIRE | | S IN 12 |
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4. For hereby certify that the information supplied with his hing does not quality for the exemption stated in Section 118.07(3)(1), Florida Statutes. Former 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:

NATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECT

(813)258-3200