

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J21458 (1)

1. Corporation Name

SHARED BUSINESS SERVICES, INC.



Principal Place of Business

% JOHN O. JACOBY  
663 SIXTH AVENUE SOUTH  
ST. PETERSBURG FL 33701

Mailing Address

% JOHN O. JACOBY  
663 SIXTH AVENUE SOUTH  
ST. PETERSBURG FL 33701

2. Principal Place of Business

2a. Mailing Address

21 WARREN K. AUSTIN

26 WARREN K. AUSTIN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 663 SIXTH AVE SOUTH

27 663 SIXTH AVE SOUTH

City & State

City & State

23 ST PETERSBURG, FL

28 ST PETERSBURG, FL

Zip

Zip

Country

Country

24 33701

25 USA

29 33701

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
06/26/1986

3a. Date of Last Report  
04/07/1995

4. FEI Number

59-2691926

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

10. Name and Address of New Registered Agent

AUSTIN, WARREN K.  
663 SIXTH AVENUE SOUTH  
ST. PETERSBURG FL 33701

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

*Warren K. Austin*

PRESIDENT

(If the Registered Agent signature requires verification)

04/28/96

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME JACOBY, JOHN O.  
STREET ADDRESS 663 SIXTH AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE VSD  
NAME JACOBY, ANNETTE  
STREET ADDRESS 663 SIXTH AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

TITLE P  
NAME AUSTIN, WARREN  
STREET ADDRESS 663 SIXTH AVE. S.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE ST  
NAME AUSTIN, CARLA D.  
STREET ADDRESS 663 SOUTH 6TH AVE  
CITY-ST-ZIP ST PETERSBURG FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Carla D. Austin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLA D. AUSTIN SECRETARY/TREASURER

APRIL 28, 1996

813-823-8901

Date

Daytime Phone

CR2E034 (12/95)