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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J49939

1. Corporation Name

WILLIAM L. JACOBS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1231 TALL PINES DRIVE
OSTEEN FL 32764
US

1231 TALL PINES DRIVE
OSTEEN FL 32764
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1986

4. FEI Number

59-2747308

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 1480 SHELL MOUND ROAD

2a. Mailing Address

26 1480 SHELL MOUND ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 ENTERPRISE, Florida

City & State

28 ENTERPRISE, Florida

Zip

Country

24 32725 25 USA

Zip

Country

29 32725 30 USA

9. Name and Address of Current Registered Agent

JACOBS, WILLIAM L
1231 TALL PINES DRIVE
OSTEEN FL 32764

10. Name and Address of New Registered Agent

81 Name JACOBS, William L.

**82 Street Address (P.O. Box Number is Not Acceptable)
1480 SHELL MOUND ROAD**

83

84 City

ENTERPRISE,

FL

85 Zip Code

32725

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

William L. Jacobs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-19-99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **JACOBS, WILLIAM L.**
STREET ADDRESS **1231 TALL PINES DRIVE**
CITY-ST-ZIP **OSTEEN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

**1480 SHELL MOUND ROAD
ENTERPRISE, Florida 32725**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

William L. Jacobs, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/99

Date

(407) 324-9245

Daytime Phone #

CR2E034 (11/98)

0087163