

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 # J57544 (5)

1. Corporation Name

THE KEN JACOBS COMPANY, INC.



Principal Place of Business

**4610 SHELBY AVENUE
JACKSONVILLE FL 32210**

Mailing Address

**4610 SHELBY AVENUE
JACKSONVILLE FL 32210**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**JACOBS, KENNETH J.
1028 DAY AVE
JACKSONVILLE FL 32205**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
02/10/1987

3a. Date of Last Report
06/12/1995

4. FET Number
59-2769741

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 street address

Signature, typed or printed name of registered agent and street address

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	JACOBS, KENNETH J.	
STREET ADDRESS	1028 DAY AVE	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	MILLER, RAYMOND	
STREET ADDRESS	8408 VINING ST	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	ST	☐ DELETE
NAME	JACOBS, CAROL L.	
STREET ADDRESS	1028 DAY AVE	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	EVP	☒ DELETE
NAME	DANIELS, STEVEN R.	
STREET ADDRESS	522 ROCKWOOD CT.	
CITY- ST- ZIP	ORANGE PARK FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	
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	

**600001847356
-06/03/96--01024--025
***225.00**

64-96
ABC

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:

Carol Jacobs Carol L. Jacobs 5-7-96 904-388-8572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Registered Professional

CR2E034 (12/95)