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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
4610 SHELBY AVENUE **JACKSONVILLE FL 32210**	**4610 SHELBY AVENUE** **JACKSONVILLE FL 32210-1714**

3. Date Incorporated or Qualified: **02/10/1987**
3a. Date of Last Report: **06/01/1996**

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

4. FEI 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

9. Name and Address of Current Registered Agent

JACOBS, KENNETH J.
1028 DAY AVE
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: Kenneth J. Jacobs
82 Street Address (P.O. Box Number is Not Acceptable): 3903 St. John's Avenue
83
84 City: Jacksonville **FL** 85 Zip Code: 32205

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP NAME: JACOBS, KENNETH J. STREET ADDRESS: 1028 DAY AVE CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS: 3903 St. John's Avenue 1.4 CITY-ST-ZIP: Jacksonville, FL. 32205	☒ Change ☐ Addition
TITLE: V NAME: MILLER, RAYMOND STREET ADDRESS: 8406 VINING ST CITY-ST-ZIP: JACSKONVILLE FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: ST NAME: JACOBS, CAROL L. STREET ADDRESS: 1028 DAY AVE CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS: 3903 St. John's Avenue 3.4 CITY-ST-ZIP: Jacksonville, FL. 32205	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Carol Jacobs Carol L. Jacobs 3-17-97 9043888572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #