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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L36327

1. Corporation Name
JACOBS INDUSTRIES, INC.

Principal Place of Business
1226 TURNER ST
STE A
CLEARWATER FL 33756
US

Mailing Address
1226 TURNER ST
STE A
CLEARWATER FL 33756
US

2. Principal Place of Business
21 2753 State Road 580
Suite, Apt. #, etc.
22 Suite 201
City & State
23 Clearwater, FL
Zip
24 33761-3345 Country
25 Pinellas

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

3. Date Incorporated or Qualified
12/11/1989

4. FEI Number
59-2985619 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

9. Name and Address of Current Registered Agent
AVIS, RICHARD T
1325 SNELL ISLAND BLVD
SUITE 205C
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent
81 Name N/A
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME SULLIVAN, JOHN L.
STREET ADDRESS 602 TYNEBRAE DRIVE
CITY-ST-ZIP FRANKLIN TN

TITLE VP ☐ DELETE
NAME FLINN, JOHN L.
STREET ADDRESS 2804 WILTSHIRE AVENUE
CITY-ST-ZIP PALM HARBOR FL

TITLE S ☐ DELETE
NAME FLINN, LINDA C.
STREET ADDRESS 2804 WILTSHIRE AVENUE
CITY-ST-ZIP PALM HARBOR 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
500002799735-7
-03/09/99--01076--005
*****61.25 *****61.25

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 Director/General Manager ☐ Change ☒ Addition
4.2 NAME L.W. Caudle
4.3 STREET ADDRESS 40 Lance Court
4.4 CITY-ST-ZIP Oldsmar, FL 34677

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 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: John L. Flinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (727) 726-1390
Date Daytime Phone #