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

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1995 FEB 22 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPRO AND FILE
1995 FEB 22
SECRETARY
TALLAHASSEE

CORPORATION ANNUAL REPORT
**1995**

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

DOCUMENT # **P93000002163 (2)**

1. Corporation Name
**BARRY AND SUSAN JACOBS, INC.**

400001412544
-02/23/95--01010--012
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| RT. 2. BOX 642-E<br>SUMMERLAND KEY FL 33042 | RT. 2. BOX 642-E<br>SUMMERLAND KEY FL 33042 |

3. Date Incorporated or Qualified: 01/07/1993
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 P.O.BOX 420843
Suite, Apt. #, etc. 22
City & State 23 SUMMERLAND KEY FL
Zip 24 33042 Country 25

2a. Mailing Address
26 P.O.BOX 420843
Suite, Apt. #, etc. 27
City & State 28 SUMMERLAND KEY FL
Zip 29 33042 Country 30

4. FEI Number: 65-0380155 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| SEIBER, NETA L F<br>9705 OVERSEAS HWY<br>MARATHON FL 33050 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 (For new registered agent) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☒ Change ☐ Addition |
| NAME | JACOBS, FAYE S | 12 NAME | |
| STREET ADDRESS | ~~RT. 2, BOX 642-E~~ 16540 Old State Road 4-a | 13 STREET ADDRESS | ~~P.O.BOX 420843~~ Summerland Key FL 33042 |
| CITY ST ZIP | SUMMERLAND KEY FL 33042 | 14 CITY ST ZIP | |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY ST ZIP | | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | 2nd 2-22 |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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)(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 1 or Block 12 if changed, or on an attachment with an address.

**SIGNATURE:** 1.31.95 305/745-4131
Date (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Faye Susan Jacobs, Pres.

0117040 CP