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 # P94000007951 (4)

1. Corporation Name

JOBECOS DEVELOPMENT II, INC.

Principal Place of Business	Mailing Address
99 CENTER ROAD VENICE FL 34284-2048	P.O. BOX 2048 VENICE FL 34284-2048

3. Date Incorporated or Qualified: 01/26/1994
3a. Date of Last Report: 03/10/1995
4. FEI Number: 65-0468382 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 1070 Delacroix Cir
22 Suite, Apt. #, etc.
23 City & State: Nokomis FL
24 Zip: 34275
25 Country: Sarasota

2a. Mailing Address
26 1070 Delacroix Cir
27 Suite, Apt. #, etc.
28 City & State: Nokomis FL
29 Zip: 34275
30 Country: Sarasota

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

CONNELLY, JAMES A
99 CENTER ROAD
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name: James A. Connelly
82 Street Address (P.O. Box Number is Not Acceptable): 1070 Delacroix Cir.
83
84 City: Nokomis FL 85 Zip Code: 34275

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 [signature] — NOTE: Registered Agent signature required when reinstating — DATE: 1/31/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CONNELLY, JAMES A	
STREET ADDRESS	1070 DELACROIX CIRCLE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	☐ DELETE
NAME	BEACON, ROGER	
STREET ADDRESS	241 SORRENTO RANCH DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	D	☐ DELETE
NAME	JOELSON, RAY R	
STREET ADDRESS	4551 TALLPINE DRIVE, N.W.	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/31/96 — Daytime Phone #: 941-488-5814

CR2E034 (12/95)