

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014173 (6)

1. Corporation Name

JOB CORPORATION



Principal Place of Business

363-6 ATLANTA BLVD
220
ATLANTIC BEACH FL 32233
US

Mailing Address

363-6 ATLANTIC BLVD
220
ATLANTIC BEACH FL 32233
US

3. Date Incorporated or Qualified
02/21/1994

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 363-6 ATLANTIC BLVD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 220

27

City & State

City & State

23 ATLANTIC BEACH, FL

28

Zip

Country

Zip

Country

24 32233

25

U.S.A.

29

30

4. FEI Number

59-3217366

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

FURTICK, BEVERLY H ESQ.
ONE INDEPENDENT DR.
SUITE 2600
JACKSONVILLE FL 32202

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DENNIS C O'BRIEN	
STREET ADDRESS	353 AHERN ST	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DANIEL L O'BRIEN	
STREET ADDRESS	3519 HUMPHREY	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	RIA E O'BRIEN	
STREET ADDRESS	353 AHERN ST	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	MTR	<input type="checkbox"/> DELETE
NAME	JOHN H O'BRIEN	
STREET ADDRESS	353 AHERN ST	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DENNIS C. O'BRIEN	
1.3 STREET ADDRESS	210 11th AVE N #9	
1.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DANIEL L. O'BRIEN	
2.3 STREET ADDRESS	210 11th AVE. N. #9	
2.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
3.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RIA E. O'BRIEN	
3.3 STREET ADDRESS	210 11th AVE. N. #9	
3.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
4.1 TITLE	MTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN H. O'BRIEN	
4.3 STREET ADDRESS	210 11th AVE. N. #9	
4.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25th 1996 / 270-0270

CR2E034 (12/95)