

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 # P94000068992 (4)

1. Corporation Name

JACOBSON GROUP-LIDO BEACH, INC.



Principal Place of Business

1330 BEN FRANKLIN DRIVE  
SARASOTA FL 34236  
US

Mailing Address

5750 MIDNIGHT PASS RD  
402E  
SARASOTA FL 34242  
US

3. Date Incorporated or Qualified  
09/20/1994

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0550350

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

81

Name

Gordon O. Jacobson

82

Street Address (P.O. Box Number is Not Acceptable)

5750 Midnight Pass Rd., #402E

83

Sarasota, FL 34242

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

*Gordon O. Jacobson*

Gordon O. Jacobson, CB

4-30-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BERUFF, CARLOS	
STREET ADDRESS	1223 APPLETON ROAD	
CITY-ST-ZIP	MENASHA WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JACOBSON, ERIC J	
STREET ADDRESS	1223 APPLETON ROAD	
CITY-ST-ZIP	MENASHA WI	
TITLE	PRES	<input type="checkbox"/> DELETE
NAME	JACOBSON, MICHAEL J	
STREET ADDRESS	1223 APPLETON ROAD	
CITY-ST-ZIP	MENASHA WI	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PAVONY, DONALD	
STREET ADDRESS	1223 APPLETON ROAD	
CITY-ST-ZIP	MENASHA WI	
TITLE	CB	<input type="checkbox"/> DELETE
NAME	JACOBSON, GORDON O	
STREET ADDRESS	1223 APPLETON ROAD	
CITY-ST-ZIP	MENASHA WI	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	JACOBSON, KURT R	
STREET ADDRESS	1223 APPLETON ROAD	
CITY-ST-ZIP	MENASHA WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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:

*Gordon O. Jacobson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Gordon O. Jacobson

4-30-96

Date

941-349-7641

Daytime Phone #

CR2E034 (12/95)