FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

DOCUMENT # P94000091472 (8)

1. Entity Name

SAM & DORI JACOBS CLEANING SERVICE, INC.

FILED
95 MAY 22 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2309 S.E. 12TH STREET
CAPE CORAL FL 33990

Mailing Address

2309 S.E. 12TH STREET
CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 12/16/1994

3a. Date of Last Report:

4. FEI Number: 65-0551588

Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. [illegible] ☐ $5.00 May Be Added to Fees

7. [illegible]

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

21	2a. Mailing Address 26
22 State, Apt. # etc.	27 State, Apt. # etc.
23 City & State	28 City & State
24 Zip 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

JACOBS, DORI
2309 S.E. 12TH STREET
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

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 [illegible] (New Registered Agent signature required for verification) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JACOBS, DORI	12 NAME	
STREET ADDRESS	2309 S.E. 12TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	JACOBS, SAMUEL E	22 NAME	
STREET ADDRESS	2309 S.E. 12TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	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	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 added, above.

SIGNATURE: Dori S. Jacobs 5/18/95 813-458 3562

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Telephone Number

0000078 FP