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 # **P95000043851 (1)**

1. Corporation Name

G.L. JACOBS, INC.

Principal Place of Business	Mailing Address
21894 PHILMONT COURT **BOCA RATON FL 33428**	**21894 PHILMONT COURT** **BOCA RATON FL 33428**

3. Date Incorporated or Qualified: **05/30/1995**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6877 S.W. 18th ST	26 6877 S.W. 18th ST
Suite, Apt. #, etc. 22 H-136	Suite, Apt. #, etc. 27 H-136
City & State 23 Boca Raton Fl	City & State 28 Boca Raton Fl.
Zip 24 33433 County 25 Palm Beach	Zip 29 33433 County 30 Palm Beach

4. FEI Number: 65-0593837 ☐ 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

JACOBS, GERALD L
21894 PHILMONT COURT
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name: GERALD L. JACOBS
82 Street Address (P.O. Box Number is Not Acceptable): 6877 S.W. 18th ST.
83 ~~Boca Raton~~ Suite H-136
84 City: Boca Raton FL 85 Zip Code: 33433

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 _____ DATE _____
Signature, typed or printed name of new registered agent, and title if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres. ☐ DELETE	1.1 TITLE	Pres. ☐ Change ☐ Addition
NAME	G.L. JACOBS	1.2 NAME	G.L. JACOBS
STREET ADDRESS	6877 S.W. 18th ST Ste # 136	1.3 STREET ADDRESS	6877 S.W. 18th ST. Ste # H-136
CITY-ST-ZIP	Boca Raton Fl. 33433	1.4 CITY-ST-ZIP	Boca Raton, Fl. 33433
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	300001850868 ☐ Change ☐ Addition
NAME		5.2 NAME	-06/04/96--01163--016
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5/1/12

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: G.L. Jacobs 4/22/96 407-393-0733
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)