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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000076799 (1)

1. Corporation Name

JOBE MARKETING, INC.



Principal Place of Business

11800 S.E. DIXIE HIGHWAY
HOBE SOUND FL 33455

Mailing Address

11800 S.E. DIXIE HIGHWAY
HOBE SOUND FL 33455-5456

3. Date Incorporated or Qualified

09/12/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 412 S. COUNTY Rd.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

PALM BEACH FL

28 City & State

28 City & State

24 Zip

33480

Country

P. B.

29 Zip

29 Zip

Country

30 Country

4. FEI Number

65-0707714

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

ELLIOTT, WALTER J IV
11800 S.E. DIXIE HIGHWAY
HOBE SOUND FL 33455

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

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 PTD
NAME ELLIOTT, WALTER J IV
STREET ADDRESS POST OFFICE BOX 1103
CITY-ST-ZIP HOBE SOUND FL 33475

☐ DELETE

TITLE VSD
NAME ELLIOTT, JOAN L
STREET ADDRESS POST OFFICE BOX 1103
CITY-ST-ZIP HOBE SOUND FL 33475

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME WALTER J. ELLIOTT IV
1.3 STREET ADDRESS 261 BL DORADO LN
1.4 CITY-ST-ZIP PALM BEACH, FL 33480

☒ Change ☐ Addition

2.1 TITLE VSD
2.2 NAME JOAN L. ELLIOTT
2.3 STREET ADDRESS 261 BL DORADO LN
2.4 CITY-ST-ZIP PALM BEACH, FL 33480

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE *Walter J. Elliott IV* WALTER J. ELLIOTT IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97
Date

561-883-6590
Daytime Phone #

CR2E034 (9/96)