SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

FERNANDINA BEACH FL 32034

3 S. 2ND ST.

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

FERNANDINA BEACH FL 32034

3 S. 2ND ST.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079291 (5)

JACOBSEN-DYER AND ASSOCIATES, INC.

				3. Date Incorporated or Qualified 09/12/1997		
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For	
21		26 P.O. BOX 4	0 K	59-3467071	Not Applicable	
Suite, Apl. #, etc.		Suite, Apl. #, etc 27 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State				6. Election Campaign Financing \$5.00 May Bu	\$5.00 May Bo	
23		28 FERNANDIUA	BEACH, FI	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible	
24	25	29 32035-0402 30)	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curr	ent Registered Agent	-21	10. Name and Address of New Register	red Agent	
SMITH HULSEY & BUSEY			81 Name			
225 WATER ST., STE. 1800			82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32202						
			83			
			84 City		85 Zip Code	
			31, 31,	F	FL 83 2.15 0.000	
office or regis	s tere d agent, or both, in the Sta		orized by the corporatio	ation submits this statement for the purpose on's board of directors. I horeby accept the ap		
SIGNATURE			g i jaran sana			
12.	ature, typed or printed name of registered as	gent and tipe in application (NOTE:	Rogistered Agent signature requi-	red when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS		
	Rasiderut,	DELETE	1.1 TO LE	ADDITIONS/CHANGES TO OFFICERS		
NAME D	Avid JACOBSON	V L I DECEIR	1.2 NAME		Change Addition	
1	017 FIRST CORS		1.3 STREET ADDRESS			
		FI 32034	1.4 CITY-ST-ZIP			
			2.1 TITLE		Change Addition	
NAME 1	KEDRESICE WIT	. , , , , , , , , , , , , , , , , , , ,	2.2 NAME		Ell change Ell ridges	
NAME UKE DROSICENT STREET ADDRESS 2761 OCOAN OCERE POS.			2 3 STREET ADDRESS			
	CHANDINA BAC		2.4 City-St-ZiP			
TITLE	TEMPLIANT AND PASSES.	DELETE	3.1 TITLE		Change Addition	
NAME		C. PELLIE	3.2 NAME		CT outside TT Language	
STREET ADORESS			3.3 STREET ADDRESS			

3.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CI1Y-S1-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6 2 NAME

DELETE

DELETE

DELETE

14. I 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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment without address.

CNATURE: 19 Parell College Col

7/10/08

(ZEU34 (5/98)

Change

Change

Addition

Addition

Addition

FILED

Jul 16 1998 8:00am

DO NOT WRITE IN THIS SPACE

Secretary of State