## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000096909

1. Corporation Name

JACOBS IPM SERVICES, INC.

## **FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90193 042 \*\*\*150.00



Principal P ace	e of Business		Mailing Address								
214 S ORLAND	O AVE		214 S ORLANDO AVE				1				
COCOA BEACH FL 32931 COCOA BEACH FL 32931								DO NOT	WRITE IN TH	IS SPACE	
							3 Date Inc	orporated or Qua			
			$\sim$				11/13/			/	,'
A Discipal D	lana of Business		2a. Mailing Address				4. FEI Nun		· · · · · ·	An	plied For
7.2227					ENR	, 12V	1 " 1		0	<u> </u>	Applicable
21 1 3 2 1 0 0 100 0 0 100					ELLIZ	<del>)'.(4)</del>	HPPI	ien w	<u></u>	\$8.75 A	
							5. Certifcat	e of Status Desire	ed 🔲	Ψ6.75 / –Fee Re	
City & State			City & State				e Florico	Campaign Finance		\$5.00	I tou Po
	herary	C1	28 Nowhere	, (	21			nd Contribution	,,,,,d	Added to	
23 NEW Zip	Court	· · · · · · · · · · · · · · · · · · ·	Zip	Coun	trv		<del> </del>	poration owes the	current year		
— '¬¬.ı		(15A		30	$"$ $\cup$ $\S$	A	1	l Property Tax.	cancin year	Yes	□No
24 3/10	9. Name and Addre	ess of Current	<del></del>	30		<u> </u>		nd Address of N	ew Registers		
	3. Name and Aden	ess of ourtern	registered rigent		31 Nam	e					
JAC	OBS, LARRY N				32 Stre						
2;4 S ORLANDO AVE						et Addre		Number is Not Ac		20	
COCOA BEACH FL 32931						11-1		0 C- 24	· ( + ( ) -		
0.50	ON DENOTITE GEOG	<b>/</b> 1			33						
				1	34 City	<u> </u>	222			85 Zip C	ode
					$\neg \nu$	<u>icus</u>	Jeruny.	# 1 - t - t - t - t - t - t - t - t - t -	<u> </u>	<u>L</u> 1 5 4	1000toral
11. Pursuant	to the provisions of Sec	ctions 607.0502	and 607.1508, Florida Statuter f Florida. Such change was au	s, the ab thorized	ove-name by the co	ed ccrpo rporation	oration submits n's board of di	i this statement to rectors. I hereby a	r the purpose accept the app	ointment as re	gistered
agent. La	m familiar with, and acc	ept the obligati	ons of, Section 607.0505, Flori	da Statut	es.			•	, ,,		
SIGNATUFE											
	Signature, typed or printed na n				gent signatu	re required	when reinstating)		DATE		
12.	,	DFFICERS ANI		13.			ADDITIO	NS/CHANGES TO	OFFICERS	AND DIRECTO	Addition
TITLE	D		☐ DELETE	1,1 TITL	E	1	()		ſ	≥ Change	Addition
NAME	JACOBS, LARRY N			12 NAM	Ε	1	-DV267.	y JAC	295		
STREET ADDRESS	214 S ORLANDO /	AVE		1.3 STR	EET ADORE:	ss (	3327	JM NE	ひりせ	1212m K	2.25
CITY-ST-ZIP	COCOA BEACH FI	32931		1,4 CITY	'-ST-ZIP		780 B	En 124		3260	7
TITLE			☐ DELETE	2.1 TITL	E					Change	` ☐ Addition
NAME				2.2 NAM	Æ	Ì					l
STREET ADDRE 3S				2.3 STR	EET ADDRE	SS					
CITY-ST-ZIP -				2.4 CIT	Y-ST-ZIP					. <del></del>	
TITLE			☐ DELETE	3.1 TITL	E					☐ Change	☐ Addition
NAME				3.2 NAM	Œ	Ì					
STREET ADORE 3S				3.3 STR	EET ADDRE	ss					
CITY-ST-ZIP				3.4. CIT	Y-ST-ZIP					_	
TITLE	<del></del> -	<del></del>	☐ DELETE	4 1 TITL		$\lnot \lnot \lnot$				Change	☐ Addition
NAME				4, 2 NAI	ME						
STREET ADDRE IS					EET ADDRE	ss					i
					-ST-ZIP	1					
CITY-\$T-ZIP			☐ DELETE	5.1 TITL		<del>  -</del>			<del></del>	☐ Change	☐ Addition
IIILE			_ 5000.0	5.2 NAA							_
NAME				1	EET ADDRE	ss					,
STREET ADDRESS					-ST-ZIP						
CITY-ST-ZIP			∏ NELETE	6.1 TITE		+-				☐ Change	Addition
TITLE			☐ DELETE							<u> — спануе</u>	Addition
NAME				6.2 NAN		_					
STREET ADDRESS					EET ADDRE	58					
CITY-ST-ZIP		$\langle \ \rangle$		6.4 CIT	/-ST-ZIP						
								31/3) Florida Stati			

I hereb/ certify that the informat of 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 innual 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 ecceiver 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 attach nent with an address, with a lother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIG

Daytime Phone #