

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90115 008 \*\*\*150.00

**PROFIT<sup>®</sup>**  
**CORPORATION**  
**ANNUAL REPORT**  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S35403**

1. Corporation Name  
**JACOBS, JACOBS & ASSOC., INC.**



Principal Place of Business

2085 SR 3  
#201  
ST. AUGUSTINE FL 32084  
US

Mailing Address

1093 A1A BEACH BLVD  
SUITE 355  
ST AUGUSTINE FL 32084  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

03/04/1991

4. FEI Number

59-3052141

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, RONALD W. P.A.  
66 CUNA STREET  
SUITE B  
ST. AUGUSTINE FL 32084

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 PD ☐ DELETE

NAME JACOBS, PHILIP H.  
STREET ADDRESS 1093 A1A BEACH BLVD, #355  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE VD ☐ DELETE

NAME JACOBS, MARY W.  
STREET ADDRESS 1093A1A BEACH BLVD, #355  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE YD ☒ Change ☐ Addition

1.2 NAME JACOBS, PHILIP H.  
1.3 STREET ADDRESS 2085 A1A SOUTH, STE 201  
1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME JACOBS, MARY W.  
2.3 STREET ADDRESS 2085 A1A SOUTH, STE 201  
2.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Philip H. Jacobs*

1/12/99

904. 461. 5556

CR2E034 (11/98)