

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

FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S93369 (4)

1. Corporation Name  
JAKE'S FARM SUPPLIES, INC.

Principal Place of Business  
~~330 RIDGE ROAD~~ 608 EASTWIND DR.  
~~JUPITER FL 33477~~  
N. Palm Beach, FL.  
33408

Mailing Address  
~~330 RIDGE ROAD~~ 608 EASTWIND DR.  
~~JUPITER FL 33477-0624~~ N. Palm Beach,  
FL. 33408



2. Principal Place of Business  
21 608 Eastwind DR.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 608 Eastwind DR  
Suite, Apt. #, etc.

23 City & State  
N. Palm Beach, FL  
24 Zip  
33408

28 City & State  
N. Palm Beach FL  
29 Zip  
33408  
30 Country  
Palm Beach

3. Date Incorporated or Qualified  
11/08/1991  
3a. Date of Last Report  
02/13/1996

4. FEI Number  
65-0295824  
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, SHARON M.  
330 RIDGE ROAD  
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name  
SHARON M. JACOBS  
82 Street Address (P.O. Box Number is Not Acceptable)  
608 EASTWIND DR.  
83  
84 City  
N. Palm Beach FL 85 Zip Code  
33408

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 *Sharon M. Jacobs* *Sharon M. Jacobs* 1-8-97  
Signature, typed or printed name of registered agent, and title if applicable (New registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, SHARON M.	
STREET ADDRESS	330 RIDGE ROAD	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, WALLACE T., JR.	
STREET ADDRESS	330 RIDGE ROAD	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	608 EASTWIND DR.
1.4 CITY-ST-ZIP	N. Palm Beach, FL. 33408
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	608 EASTWIND DR
2.4 CITY-ST-ZIP	N. Palm Beach, FL. 33408
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *Sharon M. Jacobs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-897 561-845-3238  
Date Daytime Phone #

CR2E034 (9/96)