

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V04936** (3)

1. Corporation Name  
**JOBES ELECTRIC, INC.**



Principal Place of Business: **6010 24TH AVE SW NAPLES FL 33940**  
Mailing Address: **6010 24TH AVE SW NAPLES FL 33940**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country

3	Date Incorporated or Qualified	3a	Date of Last Report
	<b>01/06/1992</b>		<b>03/16/1995</b>
4	FBI Number	Applied For / Not Applicable	
	<b>65-0308475</b>		
5	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DONELON, THOMAS R**  
**649 5TH AVE SO**  
**STE 206**  
**NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.032 and 607.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOBES, JONATHON A.</b>	1.2 NAME	
STREET ADDRESS	<b>6010 24TH AVE SW</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NAPLES FL</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOBES, JONATHON A.</b>	2.2 NAME	
STREET ADDRESS	<b>6010 24TH AVE SW</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NAPLES FL</b>	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption statement in Section 119.07(3)(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Jonathon A. Jobs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96 941-643-1059

CR2E034 (12/95)