

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V53059**

(4)

1. Corporation Name:
JACOB-MAXWELL, INC.



Principal Place of Business
**12050 KELLY GREENS BLVD.
SUITE 124
FT. MYERS FL 33908
US**

Mailing Address
**PO BOX 61248
FT. MYERS FL 33906
US**

3. Date Incorporated or Qualified **07/31/1992** 3a. Date of Last Report **04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
65-0358854

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. 193.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**PERWIN, JEAN S.
25 SOUTHEAST SECOND AVE.
SUITE 623-INGRAHAM BLDG.
MIAMI FL 33131**

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

(Signature of Person who is Changing Registered Office or Agent)

(Signature of Agent or New Registered Agent)

Date

12. OFFICERS AND DIRECTORS

1. TITLE	DP	☐ DELETE
2. NAME	ALBION, JAMES	
3. STREET ADDRESS	12050 KELLY GREENS BLVD., STE. 124	
4. CITY-STATE-ZIP	FT. MYERS FL	
5. TITLE	DV	☐ DELETE
6. NAME	ALBION, MICHELE W.	
7. STREET ADDRESS	12050 KELLY GREENS BLVD., STE 124	
8. CITY-STATE-ZIP	FT. MYERS FL	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(b), 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 registered agent 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 in an attachment with an address.

SIGNATURE:

(Signature of Person who is Changing Registered Office or Agent)

4/16/96

(94) 462-0078

CR2E034 (12/95)