

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 816002 (0)

1. Corporation Name  
**JACOBS CONSTRUCTORS, INC.**



Principal Place of Business: 251 S LAKE AVENUE PASADENA CA 91101-3063  
 Mailing Address: 251 S LAKE AVENUE PASADENA CA 91101-3063 US

3. Date Incorporated or Qualified: 02/19/1962  
 3a. Date of Last Report: 05/01/1995  
 4. FEI Number: 72-0403456  
 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

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324  
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83 City, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0702 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROBERT T.	2. NAME	
STREET ADDRESS	1880 WAYCROSS ROAD	3. STREET ADDRESS	
CITY-STATE-ZIP	CINCINNATI OH	4. CITY-STATE-ZIP	
TITLE	PD	2. TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, CRAIG L.	2. NAME	Werner J. Poelck
STREET ADDRESS	4848 LOOP CENTRAL DRIVE	2.3 STREET ADDRESS	1880 Waycross Road
CITY-STATE-ZIP	HOUSTON TX	2.4 CITY-STATE-ZIP	Cincinnati, OH 45240
TITLE	T	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSSER, J W JR	3.2 NAME	
STREET ADDRESS	251 S LAKE AVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PASADENA CA	3.4 CITY-STATE-ZIP	
TITLE	S	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKLEY, W C III	4.2 NAME	
STREET ADDRESS	251 S LAKE AVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PASADENA CA	4.4 CITY-STATE-ZIP	
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERLER, WILLIAM R.	5.2 NAME	
STREET ADDRESS	251 S LAKE AVENUE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	PASEDNA CA	5.4 CITY-STATE-ZIP	
TITLE	D	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, NOEL G.	6.2 NAME	
STREET ADDRESS	251 S LAKE AVENUE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	PASADENA GA	6.4 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 stated 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John W. Prosser, Jr.* John W. Prosser, Jr. 4/16/96 (818) 449-2171  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)