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**Apr 25 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 # 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 91101-3003 US**

3. Date Incorporated or Qualified: **02/19/1962**

3a. Date of Last Report: **04/26/1996**

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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

25. Country

29. Zip Country

30. Country

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 (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JONES, ROBERT T.	
STREET ADDRESS	1880 WAYCROSS ROAD	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	POELCK, WERNER J	
STREET ADDRESS	1880 WAYCROSS ROAD	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PROSSER, J W JR	
STREET ADDRESS	251 S LAKE AVE	
CITY - ST - ZIP	PASADENA CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARKLEY, W C III	
STREET ADDRESS	251 S LAKE AVE	
CITY - ST - ZIP	PASADENA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KERLER, WILLIAM R.	
STREET ADDRESS	251 S LAKE AVENUE	
CITY - ST - ZIP	PASEDNA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, NOEL G.	
STREET ADDRESS	251 S LAKE AVENUE	
CITY - ST - ZIP	PASADENA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jones, Robert T	
1.3 STREET ADDRESS	4949 Essen Lane	
1.4 CITY - ST - ZIP	Baton Rouge, LA 70809	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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: *John W. Prosser, Jr.* **REQUIRED** John W. Prosser, Jr. 4/21/97 (818) 449-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)