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FILED

Mar 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 # S29800

(7)

1. Corporation Name
PALM BAY ENTERPRISES, INC.

Principal Place of Business

P O BOX 780672
SEBASTIAN FL 32978

Mailing Address

P O BOX 780672
SEBASTIAN FL 32978-0672



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/06/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3052693

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

JOBE, DONALD G.
566 LAYPORT DRIVE
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name

Donald G. Jobe

82 Street Address (P.O. Box Number is Not Acceptable)

1549 Old Dixie Highway

83

84 City

Vero Beach

FL

85 Zip Code

32960

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/21/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	JOBE, DONALD G.	
STREET ADDRESS	566 LAYPORT DRIVE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	DVS	☐ DELETE
NAME	JOBE, DEBRA LEE	
STREET ADDRESS	566 LAYPORT DRIVE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1549 Old Dixie Highway
1.4 CITY-ST-ZIP	Vero Beach, FL 32960
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1549 Old Dixie Highway
2.4 CITY-ST-ZIP	Vero Beach, FL 32960
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

DATE

(561) 589-0557

DAYTIME PHONE #

0111610

CR2E034 (9/96)