FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:59

DOCUMENT # **G65542** **(4)**

1. Corporation Name
J.B. COXWELL CONTRACTING, INC.

Principal Place of Business	Mailing Address
% JOHN B. COXWELL 805 SHADY REACH DRIVE JACKSONVILLE FL 32221	% JOHN B. COXWELL 805 SHADY REACH DRIVE JACKSONVILLE FL 32221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1983**
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: **59-2336851** ☐ 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

PINKSTON, JULIAN S.
404 JULIA STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 607.0502 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COXWELL, JOHN B.
STREET ADDRESS	805 SHADY REACH DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VPD
NAME	KIRWAN, MICHAEL K.
STREET ADDRESS	1805 SUNNY MEADE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VPD
NAME	COXWELL, JOHN DAVID
STREET ADDRESS	805 SHADY REACH DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	ST
NAME	COXWELL, HELEN F.
STREET ADDRESS	805 SHADY REACH DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	ST
NAME	HAGAN, JOHNNA KAY (ASST)
STREET ADDRESS	7652 VALE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Sections 1–6, each: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; ☐ Change ☐ Addition — blank)

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(1)(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: Helen F. Coxwell HELEN F. COXWELL 01-10-95 (904) 786-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0023419 CP