

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90056 038 ***158.75

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DOCUMENT # P00000080832

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

Principal Place of Business 6741 LLOYD ROAD WEST JACKSONVILLE FL 32254	Mailing Address 6741 LLOYD ROAD WEST JACKSONVILLE FL 32254
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-3666875	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AKEL, DANIEL D
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COXWELL, JOHN D	NAME	
STREET ADDRESS	805 SHADY REACH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COXWELL, JOHN B	NAME	
STREET ADDRESS	9433 COXWELL LANE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V. WAYNE WILLIFORD	NAME	
STREET ADDRESS	9410 COXWELL LANE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COXWELL, JOHNNA K	NAME	
STREET ADDRESS	9420 COXWELL LANE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYSER, THOMAS	NAME	
STREET ADDRESS	6746 RIVERFRONT CREST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32226	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, PATRICK	NAME	
STREET ADDRESS	8107 SARCEE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Johnna K. Coxwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 904-986-1120

Johnna K. Coxwell

Daytime Phone #

CR2E034 (9/01)