

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000080491 (2)

1. Corporation Name

JENNINGS CONSTRUCTION SERVICES CORP.



Principal Place of Business

4675 PONCE DE LEON BLVD.
SUITE 302
CORAL GABLES FL 33146

Mailing Address

4675 PONCE DE LEON BLVD.
SUITE 302
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1993

4. FEI Number

65-0463942

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 7301-A W. Palmetto Park Rd.

2a. Mailing Address

26 7301-A W. Palmetto Park Rd.

Suite, Apt. #, etc.

22 Suite 305-C

Suite, Apt. #, etc.

27 Suite 305-C

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33433

Country

25 USA

Zip

29 33433

Country

30 USA

9. Name and Address of Current Registered Agent

NILES, D J PA
CORPORATE CENTRE, SUITE 309
7777 GLADES ROAD
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

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

7301-A W. Palmetto Park Road

83

Suite 305-C

84

City

Boca Raton,

FL

85

Zip Code
33433

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 ☐ DELETE

NAME
DPT
JENNINGS, MILTON S
STREET ADDRESS
4675 PONCE DE LEON BLVD., SUITE 302
CITY-ST-ZIP
CORAL GABLES FL

TITLE ☐ DELETE

NAME
DVS
ECKROADE, CAROLYN E
STREET ADDRESS
4675 PONCE DE LEON BLVD., SUITE 302
CITY-ST-ZIP
CORAL GABLES 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
9301 S. W. 92nd. Ave., Unit A
Miami, FL. 33176

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
9301 S. W. 92nd. Ave., Unit A
Miami, FL. 33176

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 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:

Sandra B. Mortham V.P. 4/28/98 (305-273-7355)

CR2E034 (10/97)