

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 04, 1999 8:00 am  
Secretary of State

06-04-1999 90009 030 \*\*\*550.00

DOCUMENT # P93000080491

1. Corporation Name

JENNINGS CONSTRUCTION SERVICES CORP.

Principal Place of Business

9301 S.W. 92nd Ave  
Unit A  
Miami, FL 33176

Mailing Address

9301 S.W. 92nd Ave  
Unit A  
Miami, FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 3930 RCA Blvd.

Suite, Apt. #, etc.

22 3008

City & State

23 Palm Beach Gardens, FL

Zip Country

24 33410 25 USA

2a. Mailing Address

26 3930 RCA Blvd.

Suite, Apt. #, etc.

27 3008

City & State

28 Palm Beach Gardens, FL

Zip Country

29 33410 30 USA

4. FEI Number

050463942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Niles, D J PA  
7301-A W. Palmetto Park Road  
Suite 305-C  
Boca Raton, FL 33433

10. Name and Address of New Registered Agent

81 Name Carolyn E. Eckroade  
82 Street Address (P.O. Box Number is Not Acceptable)  
3930 RCA Blvd.  
83 Suite 3008  
84 City Palm Beach Gardens FL 85 Zip Code 33410

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 Carolyn E. Eckroade CAROLYN E. ECKROADE V.P. 5/11/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DPT	Jennings, Milton S	9301 S.W. 92nd Ave Unit A	Miami, FL 33176	<input checked="" type="checkbox"/>
DVS	Eckroade, Carolyn E	9301 S.W. 92nd Ave Unit A	Miami, FL 33176	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DPT	Jennings Milton S	3930 RCA Blvd. Suite 3008	Palm Beach Gardens, FL 33410	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DVS	Eckroade, Carolyn E	3930 RCA Blvd. Suite 3008	Palm Beach Gardens, FL 33410	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: Carolyn E. Eckroade CAROLYN E. ECKROADE V.P. 305-273-7355  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)