

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PH 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064082 (8)

1. Corporation Name

JOCOLOT CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

370 4TH AVE. S
JACKSONVILLE BEACH FL 32250

370 4TH AVE. S
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/26/1994** 3a. Date of Last Report

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 59-3262201 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 22 | | 27 | | <input type="checkbox"/> | | | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 23 | | 28 | | <input type="checkbox"/> | | | |
| Zip | Country | Zip | Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 | 25 | 29 | 30 | | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROTHERS, WILLIAM E
370 4TH AVE, S
JACKSONVILLE BEACH FL 32250**

| | |
|----|--|
| 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 registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROTHERS, WILLIAM E | 1.2 NAME | |
| STREET ADDRESS | 370 4TH AVE, S | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE BEACH FL 32250 | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROTHERS, KATHY | 2.2 NAME | |
| STREET ADDRESS | 370 4TH AVE, S | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE BEACH FL 32250 | 2.4 CITY - ST - ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAKE, HAROLD | 3.2 NAME | |
| STREET ADDRESS | 370 4TH AVE, S | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE BEACH FL 32250 | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 110.07(3)(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 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: *Kathy Brothers* Kathy Brothers

4-27-95

904-655-7957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number