**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

PROFIT CORPORATION ANNUAL REPORT

**1997**

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

FILED
Mar 21 1997 8:00 am
Secretary of State

DOCUMENT # **V11679** **(0)**

1. Corporation Name
**JAX CONSTRUCTION EQUIPMENT, INC.**

Principal Place of Business
**6105 PHILLIPS HWY.**
**JACKSONVILLE FL 32216**
**US**

Mailing Address
**6105 PHILLIPS HWY**
**JACKSONVILLE FL 32216-5920**
**US**

3. Date Incorporated or Qualified: **02/03/1992**
3a. Date of Last Report: **02/23/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip | Country
24 | 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip | Country
29 | 30

4. FEI Number: **59-3118018** ☐ 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

**BRANT, BILL**
**50 N LAURA ST, STE 3100**
**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 (Typed or printed name and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: KAYE, LAWRENCE B
STREET ADDRESS: 8016 JAMES ISLAND TRAIL
CITY-ST-ZIP: JACKSONVILLE FL
☐ DELETE

TITLE: V
NAME: JAMES, JEFFREY M.
STREET ADDRESS: HUNTERWOOD
CITY-ST-ZIP: JACKSONVILLE FL
☐ DELETE

TITLE: V
NAME: ELLER, MICHAEL B.
STREET ADDRESS: 8235 BATEAU S.
CITY-ST-ZIP: JACKSONVILLE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP
**P/T**
**JAMES, JEFFREY M.**
**13905 HUNTERWOOD RD.**
**JACKSONVILLE, FLORIDA**
☐ Change ☐ Addition

21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP
**V/S**
**ELLER, MICHEAL**
**8235 BATEAU S.**
**JACKSONVILLE,FLORIDA**
☐ Change ☐ Addition

31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP
**C**
**KAYE, LAWRENCE B.**
**8016 JAMES ISLAND TRAIL**
**JACKSONVILLE, FLORIDA**
☐ Change ☐ Addition

41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP
☐ Change ☐ Addition

51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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:** Jeffrey M. James JEFFREY M. JAMES 3-18-97 904-636-6336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #