

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L75151

**FILED  
Mar 07, 2022  
Secretary of State  
5462832275CC**

**Entity Name:** JIM'S CONCRETE OF BREVARD, INC.

**Current Principal Place of Business:**

6760 GREENLAND INDUSTRIAL BLVD  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

6760 GREENLAND INDUSTRIAL BLVD  
JACKSONVILLE, FL 32258 US

**FEI Number:** 59-3018005

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FLAVIN, THOMAS P  
2200 S. BABCOCK STREET  
MELBOURNE, FL 32901 US

*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:** THOMAS P FLAVIN

03/07/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name JACOBSEN, JAMES  
Address 5115 S R 13  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title VP  
Name JACOBSEN, LISA  
Address 5115 S R 13  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title VP  
Name ARRINGTON, DANNY  
Address 2735 NOBILITY AVE  
City-State-Zip: MELBOURNE FL 32904

Title VP  
Name JACOBSEN, HARRY O  
Address 150 BRIDGEPORT ROAD  
City-State-Zip: PALATKA FL 32177

Title VP  
Name JOHNSON, CURTIS C  
Address 1265 LAKE PARKE DRIVE  
City-State-Zip: JACKSONVILLE FL 32259

Title VP  
Name ST. LOUIS, JAY  
Address 155 NE 2ND STREET  
City-State-Zip: SATELLITE BEACH FL 32937

Title PRESIDENT  
Name MCNEELY, SHAWN R  
Address 952 SOUTH MOODY ROAD  
City-State-Zip: PALATKA FL 32177

Title VP  
Name JACOBSEN, JESSICA A  
Address 508 PROSPERITY LAKE DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32092

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NORMA LONGENECKER

OFFICE MANAGER

03/07/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title REGISTERED AGENT  
Name FLAVIN NOONEY & PERSON CPAS  
Address 2200 S. BABCOCK STREET  
City-State-Zip: MELBOURNE FL 32901