

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L75151

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: No

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

04/30/2018

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

Continues on page 2

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: FLAVIN NOONEY & PERSON CPAS

REGISTERED AGENT

04/30/2018

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