

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046693

Entity Name: J. RAYMOND CONSTRUCTION CORP.

Current Principal Place of Business:

465 W WARREN AVE
LONGWOOD, FL 32750-4002

Current Mailing Address:

465 W WARREN AVE
LONGWOOD, FL 32750-4002 US

FEI Number: 59-3655762

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
SUITE 1400
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title COO
Name CRAMER, DANIEL
Address 465 W WARREN AVE
City-State-Zip: LONGWOOD FL 32750-4002

Title CEO
Name ROEMER, JON
Address 465 W WARREN AVE
City-State-Zip: LONGWOOD FL 32750-4002

Title CFO
Name BORGIA, THOMAS
Address 465 W WARREN AVE
City-State-Zip: LONGWOOD FL 32750-4002

Title SECRETARY
Name BORGIA, THOMAS
Address 465 W WARREN AVE
City-State-Zip: LONGWOOD FL 32750-4002

Title VICE PRESIDENT/PARTNER
Name MELLEN, SCOTT
Address 465 W WARREN AVE
City-State-Zip: LONGWOOD FL 32750-4002

Title VICE PRESIDENT/PARTNER
Name SPIEWAK, ADAM
Address 465 W WARREN AVE
City-State-Zip: LONGWOOD FL 32750-4002

Title DIRECTOR
Name BORGIA, THOMAS
Address 465 W WARREN AVE
City-State-Zip: LONGWOOD FL 32750-4002

Title DIRECTOR
Name CRAMER, DANIEL
Address 465 W WARREN AVE
City-State-Zip: LONGWOOD FL 32750-4002

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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: THOMAS BORGIA

CFO

04/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROEMER, JON
Address 465 W WARREN AVE
City-State-Zip: LONGWOOD FL 32750-4002