

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P0000080832

**Entity Name:** J. B. COXWELL CONTRACTING, INC.

**Current Principal Place of Business:**

6741 LLOYD ROAD WEST  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

6741 LLOYD ROAD WEST  
JACKSONVILLE, FL 32254

**FEI Number:** 59-3666875

**Certificate of Status Desired:** No

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

LIPPES MATHIAS LLP  
10151 DEERWOOD PARK BLVD  
BLDG 300, SUITE 300  
JACKSONVILLE, FL 32256 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:** DANIEL D. AKEL, ESQ

03/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	SECRETARY, TREASURER
Name	COXWELL, JOHN D	Name	WILLIFORD, V WAYNE
Address	3490 OTIS ROAD	Address	9410 COXWELL LANE
City-State-Zip:	JACKSONVILLE FL 32220	City-State-Zip:	JACKSONVILLE FL 32221
Title	CFO	Title	VP
Name	KALVIG, TRACY	Name	KALVIG, TRACY
Address	6741 LLOYD ROAD WEST	Address	6741 LLOYD ROAD WEST
City-State-Zip:	JACKSONVILLE FL 32254	City-State-Zip:	JACKSONVILLE FL 32254
Title	COO		
Name	BLANK, CHRISTOPHER C SR		
Address	6741 LLOYD ROAD WEST		
City-State-Zip:	JACKSONVILLE FL 32254		

*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:** TRACY KALVIG

CFO

03/25/2024

Electronic Signature of Signing Officer/Director Detail

Date