PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	
ONE NORTH ROSALIND AVE	
Orlando fl. 32801	

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90237 015 ***150.00

 Corporation 	MENT # 144505 In Name -J M- CONSTRUCTION CO	MPANY				
Principal Place	of Duninger	Mailing Address		- F 109 FBF (104) B1811 Atabi exite eside aiti orait:	EZDIZ DIDIT ALDIS ASATY DIGIS INAS	
·		3041 WESTCHESTER AVE				
ONE NORTH RO ORLANDO FL 3		ORLANDO FL 32803				
		US		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed		
				08/28/1945 4. FEI Number	Applied For	
	lace of Business	2a. Mailing Address		-59-6063223	Not Applicable	
Suite, Apt.	# ata	Suite, Apt. #, etc.			\$8.75 Additional	
	*, etc.	27		5. Certifcate of Status Desired	Fee Required	
22 City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	-	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year to		
24	25	2930		Personal Property Tax.	X Yes □No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent	
0.00	AL OURTE		81 Name ROBE	RT G. MURRELL		
	EAL, CURTIS		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	LEE RD., SUITE 103 TER PARK FL 32789			NORTH ROSALIND AVENUE		
MIN:	IER PARK FL 32/09		83			
Ĺ			84 City	NDO FI	85 Zip Code	
			ORLA	INDO	= 32801	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes. of Florida, Such change was autho	the above-named culp orized by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as registered	
agent, I a	m familiar with, and accept the obliga	tions of Spetion 507 0505. Ployida	Statutes.	4 16	199	
SIGNATURE	ROBERT G. MURRELL Signature, typed or printed name of registered agent	Hours Mills	istored Agent signature required			~
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition	Ĕ
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition =	٥
NAME	MURRELL, M.L.		1.2 NAME		[종	<u>5</u>
STREET ADDRESS	3041 WESTCHESTER AVE		1,3 STREET ADDRESS		ا <u>ب</u> ر	ű
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP			Ž
TITLE	P	☐ DELETE	2.1 TITLE		Change Addition C	_
NAME	MURRELL, M.L.		2.2 NAME			
Constantioned	3041 WESTCHESTER AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000	·	2 4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	DVP	☐ OELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	MURRELL, ROBERT G		3.2 NAME		ļ	
STREET ADDRESS	1 NORTH ROSALIND AVE		3.3 STREET ADDRESS			
_CITY_ST-ZIP-	ORLANDO, FL.00000		3.4. CITY-ST-ZIP		Change Addition	
TITLE !		(DELETE	4 1 TITLE			
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		[] DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
TITLE	1		5.2 NAME			
NAME			5.3 STREET ADDRESS			
STREET ADDRESS	,		5.4 CITY-ST-ZIP			
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		1	

CITY-ST-ZIP 14. 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 certh; 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, with all other like empowered.

OFFICER OR DIRECTOR

DIRECTOR

2/2/99

407-843-8500