

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 266704

(6)

1. Corporation Name

JERNIGAN BUILDERS INC

Principal Place of Business

2881 E. JOHNSON AVE.
A
PENSACOLA FL 32514
US

Mailing Address

2881 E. JOHNSON AVE.
A
PENSACOLA FL 32514
US

2. Principal Place of Business

2a. Mailing Address

21 2891 E. JOHNSON AV
Suite, Apt. #, etc.

26 2891 E. JOHNSON AV
Suite, Apt. #, etc.

22 City & State

27 City & State

23 PENSACOLA, FL

28 PENSACOLA, FL

24 32514 25 ESCAMBIA

29 32514 30 ESCAMBIA

9. Name and Address of Current Registered Agent

JERNIGAN, EDWARD N
2881 E. JOHNSON AVE.
PENSACOLA FL 32514

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0906, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VTD	JERNIGAN, EDWARD N	2881 E. JOHNSON AVE.	PENSACOLA FL	☐
PSD	JERNIGAN, EDWARD N, JR	2881 E. JOHNSON AVE.	PENSACOLA FL	☐
D	JERNIGAN, MARY L.	2881 E. JOHNSON AVE.	PENSACOLA FL	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	15 DELETE	☒	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	25 DELETE	☒	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	35 DELETE	☒	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	45 DELETE	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	55 DELETE	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	65 DELETE	☐	☐

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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 oath. That I am an officer or director of the corporation and the person authorized to sign this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on the additional certificate address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (904) 484-5367

CR2E034 (12/95)