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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENI # 299273			•			
i. Corporation	IYON CONSTRUCTION CO.	INC					
E-O- NEN	TON CONSTRUCTION CO.	, IIIO.			4 18810 01018 18100 1810 1810 1801 1801	Inn nini diali diali f	
Principal Place	of Business	Mailing Address			-	18() B)B)(9(B() B	6 4 6 8
4623 PARK STR		4623 PARK STREET					
PO BOX 7445		PO BOX 7445		DO NOT WRITE IN THE	CDACE		
JACKSONVILLE	FL 32238	JACKSONVILLE FL 32238			DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	
	•				12/02/1965		
2 Oringinal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21	ace of Dusiness	26			59-1109049	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27		_	5. Certifcate of Status Desired	Fee Re	quired
City & State	e - ·	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Int		□No
24	25	29 30	0		Personal Property Tax. 10. Name and Address of New Registered	Acont	
	9. Name and Address of Current	Registered Agent	81 Na	me	10. Name and Address of New Registered	Agent	
KFN'	YON, JEROME G		• • • • • • • • • • • • • • • • • • • •		Douglas A Herring ess (P.O. Box Number is Not Acceptable)		
4623 PARK STREET			82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable) 4623 Park St.		
	SONVILLE FL 32238		83		4025 Talk be:		
							2 1
			84 Cit	У	Jacksonville FL	85 Zip (Code 205
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-nar	ned corpo	untion authority this atatament for the purpose of	changing its	registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was auth	norized by the o a Statutes.	corporatio	n's board of directors. I hereby accept the appoi	ntment as re	gistered
·		هند،			03/24/	99	,
SIGNATURE	suspender, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signa	ture required			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO Change	Addition
TITLE	STD	X DELETE	1.1 TITLE	P	•		X
NAME	KENYON, JEROME G		12 NAME DO		ouglas A Herring 2232 Mesa Verde Trail		
STREET ADDRESS	`						
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			<u>: ∠ </u>	Addition
TITLE			2.1 TILE 2.2 NAME		S T	دو. داره	-X
NAME			2.3 STREET ADDR		imothy W Young 0918 Creekview Dr.		
STREET ADDRESS			2.4 CITY-ST-ZIP		ogis creekview br. acksonville. FL 322	- C	
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE		C C	Change	Addition
NAME		_	3.2 NAME	4	erome G Kenyon	Λ.	
STREET ADDRESS			3.3 STREET ADDR	ľ	617 Amherst St		
CITY-ST-ZIP			3,4, CITY-ST-ZIP		acksonville, FL 322	05	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 \$TREET ADDR	RESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		···		
TITLE		□ DELETE	5.1 TITLE		•	☐ Change	☐ Addition
NAME.			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDR	RESS (
CITY-ST-ZIP		□ pri ctr	5.4 C/TY-ST-Z/P 6.1 TITLE			Change	☐ Addition
TITLE		☐ DELETE	6.2 NAME			□ oliali9e	
(NAME			U.Z (C'UIL	1			

CITY-ST-ZIP ... 14. I 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 suppliemental 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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE(

STREET ADDRESS

03/24/99

904 389 2353

.CR2E034 (11/98)