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FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 329164 (8)
1. Corporation Name
J & P CONSTRUCTION CORPORATION



Principal Place of Business Mailing Address
4675 PONCE DE LEON BLVD. STE 302 4675 PONCE DE LEON BLVD. STE 302
CORAL GABLES FL 33146 CORAL GABLES FL 33146
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/22/1968

4. FEI Number 59-1227762 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 9301 S. W. 92nd. Ave.
Suite, Apt. #, etc.

2a. Mailing Address
26 9301 S. W. 92nd. Ave.
Suite, Apt. #, etc.

22 Unit A

27 Unit A

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

24 33176

25 USA

29 33176

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENNINGS, MILTON S
4675 PONCE DE LEON BLVD, STE 302
CORAL GABLES FL 33146

81 Name

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

9301 S. W. 92nd. Ave.

83 Unit A

84 City Miami, FL

85 Zip Code 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☐ DELETE
NAME JENNINGS, MILTON S
STREET ADDRESS 4675 PONCE DE LEON BLVD, STE 302
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 9301 S. W. 92nd. Ave., Unit A
1.4 CITY-ST-ZIP Miami, Florida 33176

TITLE SDV ☐ DELETE
NAME ECKROADE, CAROLYN E
STREET ADDRESS 4675 PONCE DE LEON BLVD, STE 302
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 9301 S. W. 92nd. Ave., Unit A
2.4 CITY-ST-ZIP Miami, Florida 33176

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 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

SIGNATURE: Sandra B. Mortham, U.S. 428198 (305) 273-2355

CR2E034 (10/97)