FILED Feb 24, 1999 8:00 am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 397655

1. Corporation Name

| W. JACK | (SON & SONS CONSTRUC | TION CO. | | | | | | |
|---|---|--------------------------------------|----------------|--|--|--|---------------------------------------|------------------------|
| Principal Place | e of Business | Mailing Address | | | 1 140105 (11)0 10 | 14 1 9010 a tt o t b ilge atte | | |
| 1888 N W 21ST STREET 1888 N W 21ST STREET POMPANO BEACH FL 33069-1334 POMPANO BEACH FL 33069-1334 | | | | | D | O NOT WRITE IN 1 | THIS SPACE | |
| | | | | | 3. Date Incorporated 03/17/1972 | or Qualifed | | |
| Principal Place of Business Za. Mailing Address | | | | | 4.: FEI Number | | 1— 1—— | plied For |
| 21 26 | | | | | <u>59-1384191</u> | · | | t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Statu | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| City & Stat | е | City & State | City & State | | 1 | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip | | | Country | | · · · · · · · · · · · · · · · · · · · | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No | | |
| 24 25 29 30 30 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| | g. Harrie and Address of Server | - Trogoto-to-Again | 81 | Name | | | | |
| Jackson, Kenneth R. 1888 n.w. 22nd Street | | | 82 | Street | Address (P.O. Box Number is | Not Acceptable) | | |
| POMPANO BEACH FL 33060 | | | 83 | | | | | |
| | | | 84 | City | | | 85 Zip C | ode |
| office or re agent. I a | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was aut | nonzea by | the corp | corporation submits this state oration's board of directors. | ment for the purpos nereby accept the a | se of changing its popointment as reg | registered gistered |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE: F | Registered Age | nt signature r | equired when reinstating) | , DAT | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHAN | GES TO OFFICER | | |
| MLE | | | 1.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | 5/10/10 C/1, 11/0/11 11/0 C/ | | 1.2 NAME | | | | | |
| STREET ADDRESS | 6650 N.W. 87TH TERR. | | 1.3 STREE | TADORESS | | | | |
| CITY-ST-ZIP | | | 1.4 CITY-S | T-ZIP | | | | CT A J.PR. |
| TITLE | SD □ DELETE 2.1 | | 2.1 TITLE | | | | Change | Addition |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 2.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | | | 2. 4 CITY-5 | ST- ZIP | *1 | | | |
| TITLE | | | 3.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | orionoon, riemen. | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 STREE | TADDRESS | | • | | |
| CITY-ST-ZIP | | | 3.4, CITY-5 | ST-ZIP | | | | THA ANSION |
| TITLE | ☐ DELETE 4.11 | | 4.1 TITLE | | V to a Mariaha | .// | . Change | Addition |
| NAME | | 4.2 | | | Victor C. Walle | #I | | |
| STREET ADDRESS | T ADDRESS 4.3 | | 4.3 STREE | T ADDRESS | Victor C. Mante 1040 Tobago Tent Veru Beach, Fc 3 | 200 | | |
| CITY-ST-ZIP | | | 4.4 CITY- S | T-ZIP | vero Beach, FC 3 | 2143 | | - 1 4 4 1 W |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | · | | | |

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

Change

☐ Addition