

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

02-10-2004 90020 035 ***150.00

DOCUMENT # 427411 1. Entity Name J.J. REAVES & SONS CONSTRUCTION, INC.																													
Principal Place of Business 2031 EAST 19TH STREET JACKSONVILLE FL 32206				Mailing Address 2031 EAST 19TH STREET JACKSONVILLE FL 32206																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 MOORE CR2E034 (11/03)																									
City & State		City & State																											
Zip		Zip																											
Country		Country																											
4. FEI Number 59-1521995				☐ Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DAVIS, MARILYN R. 5249 118TH ST. JACKSONVILLE FL 32244				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Marilyn R. Davis</i> Secretary 2-4-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.																													
SIGNATURE: <i>Marilyn R. Davis</i> Sec 3-1-04 (904) 354-8191 Signature, typed or printed name of signing officer or director Date Date/Time Phone #																													