


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 498974 (5) 1. Corporation Name C & J UTILITIES CONSTRUCTION COMPANY, INC.					
Principal Place of Business P O BOX 957 MACCLENNY FL 32063-8301			Mailing Address P O BOX 957 MACCLENNY FL 32063-0957		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 03/16/1976 3a. Date of Last Report 04/19/1996 4. FEI Number 59-1670127 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent CAVEN, JOHN W JR ONE INDEPENDENT DR SUITE 3306 JACKSONVILLE, FL 32202			10. Name and Address of New Registered Agent 81 Name Thomas R. Ray 82 Street Address (P.O. Box Number is Not Acceptable) One Independent Dr., Suite 2301 83 84 City Jacksonville 85 Zip Code FL 32202		
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 Thomas R. Ray DATE 4/15/97 (NOTE: Registered Agent signature required when reinstalling)					
12. OFFICERS AND DIRECTORS TITLE S NAME WELCH, LAVADA STREET ADDRESS 711 LONG DR CITY-ST-ZIP MACCLENNY FL TITLE PD NAME COWART, ZADE MAXWELL STREET ADDRESS SOUTH 6TH ST CITY-ST-ZIP MACCLENNY FL TITLE VD NAME TAYLOR, WILLIAM H. STREET ADDRESS 1044 PARKRIDGE CIR. W. CITY-ST-ZIP JACKSONVILLE FL TITLE T NAME WELCH, LAVADA STREET ADDRESS 711 LONG DR CITY-ST-ZIP MACCLENNY FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do 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: Lavada Welch DATE 4/15/97 904-259-2722 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)