FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:05

DOCUMENT # 561314 (6)

1. Corporation Name
JACKSONVILLE CONTRACTING & LEASING, INC.

Principal Place of Business	Mailing Address
6555 TRADE CENTER DRIVE JACKSONVILLE FL 32205	6555 TRADE CENTER DRIVE JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/06/1978
3a. Date of Last Report: 07/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-1805757 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOWATER, DANIEL J.
6555 TRADE CTR DR
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name: John F. Thomas
82 Street Address (P.O. Box Number is Not Acceptable): 6555 Trade Center Drive
83
84 City: Jacksonville FL 85 Zip Code: 32205

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☑ Change ☐ Addition
NAME	DONNEBORG, JES	1.2 NAME		
STREET ADDRESS	6555 TRADE CTR DR	1.3 STREET ADDRESS	5585 SABAL RD	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	NORFOLK VA 23502	
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	IPSEN, CLAUS	2.2 NAME		
STREET ADDRESS	6555 TRADE CENTER DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☑ Change ☐ Addition
NAME	~~ROUER, EINOR~~ Einar Moller	3.2 NAME		
STREET ADDRESS	6555 TRADE CENTER DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	VPC	4.1 TITLE		☑ Change ☐ Addition
NAME	THOMAS, JOHN F.	4.2 NAME		
STREET ADDRESS	6555 TRADE CENTER DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☑ Change ☐ Addition
NAME	LAUMTEN, JENS-OITLEV	5.2 NAME		
STREET ADDRESS	6555 TRADE CENTER DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 2-2-95 Date 809-466-7022 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR

0020413 CP