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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 597543

1. Corporation Name

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90005 017 ***150.00

JAT COC	JK CONSTRUCTION, INC.										
Principal Place	e of Business	Mai	ling Address					n immins marin impli indust mitti myhnna tiet kine	MINIT NINI EIRI	0 0 619H 100	
2150 TREASURE POINT RD. 2150 TREASURE POINT RD.											
GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043					<u></u> 2043				10 DD 10E		
								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed			
- 57		1	Adullia a Addanaa					01/01/1979 4. FEI Number		Applied For	
2. Principal Place of Business			2a. Mailing Address				ł	59-1880020	<u> </u>	Not Applicable	
21 Suite Apt # etc.			Suite, Apt. #, etc.							-Additional	
 -			1					5. Certificate of Status Desired	· · · · · · · · · · · · · · · · · · ·	Required	
City & State			7 City & State					6. Election Campaign Financing	\$5.0	0 May Be	
23			B					Trust Fund Contribution	• -	to Fees	
Zip Country			Zip Country				8. This corporation owes the current year Intangible				
24 25			30					Personal Property Tax.			
	9. Name and Address of Current		ered Agent	<u> </u>				10. Name and Address of New Registere	d Agent		
			The second second		81	Name		سنت سخت جا الله المائنسستانيونگه	نس ریا. د سست		
	K, JAMES A.				82	Street 4	Addres	s (P.O. Box Number is Not Acceptable)	 -		
2150 TREASURE POINT RD.					Office Address (1.0, Box Halliss is 1101, 1005)						
GRE	EN COVE SPRINGS FL 32043				83					l	
					84	City			. 85 Zi	Code	
						_		F	<u>L </u>	·	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Florida	Such change was a	uthorized	עמור	the como	corpor ration	ation submits this statement for the purpose 's board of directors. I hereby accept the app	of changing i pointment as	ts registered registered	
3IGIVATORE	Signature, typed or printed name of registered agent	t and title if	applicable (NOTE	: Registered	Agen	t signature re	quìred v	when reinstating) DATE			
12.	OFFICERS AN	D DIREC		13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECT Change		
TITLE	PD		_		1.1 TITLE					Addition	
NAME	COOK, JAMES A.			1.2 N						,	
STREET ADORESS	RUSSELL RT, BOX 1006			- 1		ADDRESS				- 1	
CITY-ST-ZIP	GREEN COVE SPRGS FL		□ DELETE	1.4 CITY+ST-Z		r-zip			Change	e	
TITLE	··· —			2.1 TITLE 2.2 NAME					,		
NAME	COOK, BETTY M										
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TITLE				5.2 N		İ				_	
NAME STOCET ADODCES	·					ADDRESS					
STREET ADDRESS					TY-S	- 1					
CITY-ST-ZIP TITLE			☐ DELETE	6.1 T		"			Chang	e Addition	
NAME				62 N	AME				· -	1	
STREET ADDRESS						FADDRESS					
SINCE MUDRESS	i e			1		1					
CITY-ST-ZIP				640	ITY-S	T-ZîP Î		•			

trempty certify that the information supplied with risk filling 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 affachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James A. Cook

3 23 99 904 282 1967