

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

FILED

Feb 18 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 # 611761

(8)

1. Corporation Name

J. POWERS CONSTRUCTION, INC.

Principal Place of Business

2032 CARNES ST.
ORANGE PARK FL 32073

Mailing Address

2032 CARNES ST.
ORANGE PARK FL 32073-5414



3. Date Incorporated or Qualified

03/01/1979

3a. Date of Last Report

04/10/1996

4. FEI Number

59-1925343

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

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

KOEGLER, STEVEN C., P.A.

4655 SALISBURY RD., SUITE 000

JACKSONVILLE FL 32258 -

0959

Blvd.
10151 Deerwood Park
Building 100, Suite 200

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10151 Deerwood Park Boulevard

83 Building 100, Suite 200

84 City Jacksonville

FL

85 Zip Code 32256

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

Holli E. Powers

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME POWERS, JAMES PHILLIP
STREET ADDRESS 689 CHERRY GROVE ROAD
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ST
NAME POWERS, HOLLI ELIZABETH
STREET ADDRESS 689 CHERRY GROVE ROAD
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Holli E. Powers Holli E. Powers 2/11/97 904249.7754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)