

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 611761
1. Entity Name
J. POWERS CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2032 Carnes Street
 Suite, Apt. #, etc.

3. Mailing Address
 same
 Suite, Apt. #, etc.

City & State
 Orange Park, FL

City & State

Zip 32073 **Country** Clay

4. FEI Number
 59-1925343

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

34260

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
 Walter Fairbanks, Partner James W. Walker

Street Address (P.O. Box Number is Not Acceptable)
 P.O. Box 676

217 Ponte Vedra Park Drive #200

City Ponte Vedra Bch. **FL** **Zip Code** 32082

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and office if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE Pres. NAME J. Phil Powers STREET ADDRESS 669 Cherry Grove Rd. CITY - ST - ZIP Orange Park, FL 32073	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE Sec/Tras. NAME Holli E. Powers STREET ADDRESS Same CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Holli E. Powers 4/23/02 9042697154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #