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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 644150** 1. Corporation Name

JESSE REEVES CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
201 REMINGTON DRIVE	201 remington drive
DOTHAN AL 36303	Dothan al 36303
US	US

## Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90083 016 \*\*\*150.00



		,						
Principal Place	e of Business	Mailing Address						
201 REMINGTO		201 REMINGTON DRIVE						
DOTHAN AL 36303 DOTHAN AL 36303						DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed	<del></del>	
						11/06/1979		\
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	oplied For
21	3	26				59-2015171	N	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			•		\$8.75	Additional
22	•	27				5. Certifcate of Status Desired	Fee R	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip			ountry	2H-	8. This corporation owes the current year li			
24	25	29	30			Personal Property Tax.	Yes	<b>№</b> No
	9. Name and Address of Curre	nt Registered Agent		Ţ,		10. Name and Address of New Registered	Agent	
				81	Name			
	A J. REEVES			82	Street Add	ress (P.O. Box Number is Not Acceptable)	-	
	BOXER ST							
NICE	EVILLE FL 32578			83				1
	•			84	City		85 Zip	Code
				-		<u>F</u>		
office or r	polietored agent or both in the State	e of Florida. Such change was	authonz	ed by	tne corborati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pintment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	iorida Si	atutes				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Register	red Ager	t signature require	ed when reinstating) DATE		
12.		ND DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	P	DELETE	1.1	TITLE			Change	☐ Addition
NAME	REEVES, JESSE D, JR.		1.2	NAME				
STREET ADDRESS	201 REMINGTON DR		1.3	STREET	ADDRESS			
CITY-ST-ZIP	DOTHAN AL		1.4	CITY-5	r-ZIP			
TITLE	TS	☐ DELETE	2.1	TITLE			Change	Addition
NAME	REEVES, MARIE J		2.2	NAME				
STREET ADDRESS	201 REMINGTON DR	• 2 ° <u>±</u>	_ 2.3	STREET	ADDRESS -		. · ·	-
CITY-ST-ZIP	DOTHAN AL		2.	4 CITY-S	T-ZIP			
TITLE	VP			TITLE		<del></del>	Change	☐ Addition
NAME	REEVES, CALVIN		3.2	NAME	-			
STREET ADDRESS	201 REMINGTON DR		3.3	STREET	ADDRESS			
CITY-ST-ZIP	DOTHAN AL		3.4	CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1	TITLE			Change	☐ Addition
NAME			4.:	2 NAME				
STREET ADDRESS			4.3	STREET	ADDRESS			}
CITY-ST-ZIP			144	CITY-5	T-ZIP	i,		
ΠLE			4.4		1	WY BANKS		
1		☐ DELETE	5.1	TITLE			Change	☐ Addition
NAME		☐ DELETE	5.1 5.2	NAME			Change	∐ Addition
NAME STREET ADDRESS		☐ DELETE	5.1 5.2 5.3	NAME STREE	ADDRESS		☐ Change	[_] Addition
			5.1 5.2 5.3 5.4	NAME STREET CITY-S				
STREET ADDRESS		☐ DELETE	5.1 5.2 5.3 5.4 6.1	NAME STREET CITY-S TITLE			Change	Addition
STREET ADDRESS CITY-ST-ZIP			5.1 5.2 5.3 5.4 6.1	NAME STREET CITY-S				

14. I hereby certify that the information supplied with this raing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this equal 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 trastee 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP