

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY 11 AM 8:01

**DOCUMENT # 645283 (3)**

1. Corporation Name

**C & J CONSTRUCTION CO. OF SOUTH FLORIDA**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**3551 N.W. 18TH COURT  
FT. LAUDERDALE FL 33311**

**3551 N.W. 18TH COURT  
FT. LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/14/1979**

3a. Date of Last Report

**05/24/1994**

4. FEI Number

**59-1951655**

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**

7. This corporation has liability for intangible tax under § 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERSON, CHARLES  
3551 N.W. 18TH COURT  
FT. LAUDERDALE FL 33311**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Agent for New Registered Agent and the Corporation)

(Signature of Registered Agent for Current Registered Agent and the Corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                                                  |                                                                    |
|--------------------------------------------------|--------------------------------------------------------------------|
| 12.1<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  | DP<br>ROBERSON, CHARLES<br>3551 N.W. 18TH CT.<br>FT. LAUDERDALE FL |
| 12.2<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  | DV<br>ROBERSON, JOHN<br>3551 N.W. 18TH CT.<br>FT. LAUDERDALE FL    |
| 12.3<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  |                                                                    |
| 12.4<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  |                                                                    |
| 12.5<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  |                                                                    |
| 12.6<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  |                                                                    |
| 12.7<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  |                                                                    |
| 12.8<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  |                                                                    |
| 12.9<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP  |                                                                    |
| 12.10<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP |                                                                    |

|                                                                          |                                                                   |
|--------------------------------------------------------------------------|-------------------------------------------------------------------|
| 13.1<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY, ST, ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY, ST, ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY, ST, ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY, ST, ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY, ST, ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(b), 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 13, or both, of this report or on the form of voluntary addition.

SIGNATURE:

*Charles Roberson*  
Charles Roberson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8953056372022

Date

Signature