2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State **DOCUMENT # 688783** JAX UTILITIES CONSTRUCTION COMPANY, INC. 05-04-2001 90142 014 ***158.75 Principal Place of Business Mailing Address HASKELL BUILDING HASKELL BUILDING 111 RIVERSIDE AVENUE 111 RIVERSIDE AVENUE C0061200 JACKSONVILLE FL 32202-4950 JACKSONVILLE FL 32202-4950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 59-2036000 Applied For City & State 4. FEI Number Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VANDERGRIFF, C. EDWARD 1950 LARGO PLACE JACKSONVILLE FL 32207 s statement fa the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named exitty submits the 1. (1) 4:26.01 and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. XX Addition TITLE TITLE X Delete HASKELL, PRESTON H NAME NAME 111 RIVERSIDE AVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP SD ☐ Change ☐ Addition TITLE TITI F Delete VANDERGRIFF, C. EDWARD NAME NAME 111 RIVERSIDE AVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-7IP ☐ Change **Addition** ☐ Defete TITLE TITLE TANZLER, HANS G III NAME NAME 111 RIVERSIDE AVENUE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME Jacksonilly STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I 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 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ent with an address, with all other like empowered.

changed, or on an attac