

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90001 045 \*\*\*550.00

DOCUMENT # **833790**

1. Corporation Name

**JENKINS BRICK COMPANY**

Principal Place of Business

**2866 THARPE STREET  
TALLAHASSEE FL 32303  
US**

Mailing Address

**P. O. BOX 91  
MONTGOMERY AL 36101  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/07/1975**

4. FEI Number

**63-0110960**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

**HARRIS, LARRY  
2866 THARPE STREET  
TALLAHASSEE FL 32303**

**ATTY- LARRY HARRIS  
5600 INTERSTATE AVENUE  
TALLAHASSEE, FL 32303**

10. Name and Address of New Registered Agent

**81** Name

**TERRY DOVE**

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

**2866 Tharpe Street**

**83**

**84** City

**Tallahassee**

**FL**

**85** Zip Code

**32303**

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 **[Signature]**

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/28/99**

12. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ DELETE

NAME **JENKINS, JOHN M**  
STREET ADDRESS **201 6TH STREET NORTH**  
CITY-ST-ZIP **MONTGOMERY AL 36104**

TITLE **CFO** ☐ DELETE

NAME **ANDREADES, TOMMY G**  
STREET ADDRESS **201 6TH STREET NORTH**  
CITY-ST-ZIP **MONTGOMERY AL 36104**

TITLE **SVPD** ☐ DELETE

NAME **HAWK, LEON**  
STREET ADDRESS **201 6TH STREET NORTH**  
CITY-ST-ZIP **MONTGOMERY AL 36104**

TITLE **SVDS** ☐ DELETE

NAME **WATSON, NORRIS**  
STREET ADDRESS **201 6TH STREET NORTH**  
CITY-ST-ZIP **MONTGOMERY AL 36104**

TITLE **VPD** ☐ DELETE

NAME **ATKINS, JOHN**  
STREET ADDRESS **201 6TH STREET NORTH**  
CITY-ST-ZIP **MONTGOMERY AL 36104**

TITLE **VP** ☒ DELETE

NAME **HARRIS, LARRY**  
STREET ADDRESS **2866 THARPE STREET**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

**[Signature]** **CFO**

**7/26/99 (334) 834-2210**

CR2E034 (5/99)