

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F96000001037 (8)

1. Corporation Name

JACO CONSTRUCTION SERVICES, INCORPORATED

Principal Place of Business

1927 E ANDREW JACKSON HWY  
HAMLET NC 28345  
US

Mailing Address

1927 E ANDREW JACKSON HWY  
HAMLET NC 28345  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1996

4. FEI Number

56-1923742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

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 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ACCURATE FILING & SEARCH SERVICES, INC.  
3424-18 OLD ST. AUGUSTINE RD.  
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BOONE, DAVID  
STREET ADDRESS 205 LAUCHWOOD DR.  
CITY-ST-ZIP LAURINBURG NC 28352

TITLE ST ☐ DELETE

NAME BOONE, ANN  
STREET ADDRESS 205 LAUCHWOOD DR.  
CITY-ST-ZIP LAURINBURG NC 28352

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREAS ☒ Change ☐ Addition

1.2 NAME BOONE, DAVID  
1.3 STREET ADDRESS 205 LAUCHWOOD DR.  
1.4 CITY-ST-ZIP LAURINBURG NC 28352

2.1 TITLE SEC ☒ Change ☐ Addition

2.2 NAME BOONE, ANN  
2.3 STREET ADDRESS 205 LAUCHWOOD DR.  
2.4 CITY-ST-ZIP LAURINBURG NC 28352

3.1 TITLE PRES ☐ Change ☒ Addition

3.2 NAME ROBERT WAYNE  
3.3 STREET ADDRESS 1408 BLACKOUT TRAIL  
3.4 CITY-ST-ZIP AUBURN IL 60506

4.1 TITLE VP ☐ Change ☒ Addition

4.2 NAME EDWARD MC MATHON  
4.3 STREET ADDRESS 719 LAVINA PL.  
4.4 CITY-ST-ZIP ST. LOUIS MO 63122

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

*David Boone*

CR2E034 (5/98)