

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90018 042 ***150.00

DOCUMENT # G21960

1. Entity Name
ALH/JACKSONVILLE BUILDERS, INC.



Principal Place of Business
**7800 BELFORT PKWY., SUITE 200
JACKSONVILLE, FL 32256 US**

Mailing Address
**7800 BELFORT PKWY., SUITE 200
JACKSONVILLE, FL 32256 US**

94010509



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2331345

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLT, WILLIAM
7800 BELFORT PKWY., SUITE 200
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name: **Lanius, William R**
Street Address (P.O. Box Number is Not Acceptable)
7800 Belfort Parkway
#200
City: **Jacksonville** FL Zip Code: **32256**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

William Lanius

2-4-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **VT** ☐ Delete
NAME: **LANIUS, WILLIAM R**
STREET ADDRESS: **7800 BELFORT PKWY #200**
CITY-ST-ZIP: **JACKSONVILLE, FL 32256**

TITLE: **PD** ☒ Delete
NAME: **HOLT, WILLIAM**
STREET ADDRESS: **7800 BELFORT PKWY., SUITE 200**
CITY-ST-ZIP: **JACKSONVILLE, FL 32256**

TITLE: **VPM** ☒ Delete
NAME: **MACKINNON, TAMI**
STREET ADDRESS: **7800 BELFORT PKWY., SUITE 200**
CITY-ST-ZIP: **JACKSONVILLE, FL 32256**

TITLE: **VPC** ☒ Delete
NAME: **PURGASON, PATRICK III**
STREET ADDRESS: **7800 BELFORT PKWY., SUITE 200**
CITY-ST-ZIP: **JACKSONVILLE, FL 32256**

TITLE: **SVPF** ☒ Delete
NAME: **NEWMAN, NEIL**
STREET ADDRESS: **7800 BELFORT PKWY., SUITE 200**
CITY-ST-ZIP: **JACKSONVILLE, FL 32256**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
William Lanius

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
William Lanius

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
William Lanius

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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
William Lanius

12. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Lanius

2-4-04

904-279-9500