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97 OCT 27 PM 12:32

TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G65542

1. Corporation Name

J. B. COXWELL CONTRACTING, INC.

Principal Place of Business c/o John B. Coxwell 805 Shady Reach Drive Jacksonville, Florida 32221	Mailing Address SAME
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3. Date Incorporated or Qualified 10/18/1983	3a. Date of Last Report CURRENT
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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4. FEI Number 59-2336851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Daniel D. Akel, Esquire
One Independent Drive, Suite 2301
Jacksonville, Florida 32202

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP (Executive)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KIRWAN, MICHAEL K.	
1.3 STREET ADDRESS	1805 SUNNY MEADE DRIVE	
1.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32211	
2.1 TITLE	VP (Operations)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KAYSER, THOMAS S. (OPER)	
2.3 STREET ADDRESS	3492 CEDARWOOD TRAIL	
2.4 CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32312	
3.1 TITLE	VP/D (ADMINISTRATIVE)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIFORD, VERNON W. (ADMIN.)	
3.3 STREET ADDRESS	9869 Wesbourne Court	
3.4 CITY-ST-ZIP	Jacksonville, Florida 32312	
4.1 TITLE	600002335466	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-10/31/97--01091--017	
4.3 STREET ADDRESS	*****26.25 *****26.25	
4.4 CITY-ST-ZIP		
5.1 TITLE	600002335466	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-10/31/97--01091--018	
5.3 STREET ADDRESS	*****35.00 *****35.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 or changed on an attachment with an address.

SIGNATURE: John B. Coxwell 10-21-97 904-786-1120

CR2E034 (9/96)