

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 10 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **G65542** (4)
1. Corporation Name
J.B. COXWELL CONTRACTING, INC.



| | |
|--|--|
| Principal Place of Business C/O JOHN B. COXWELL 805 SHADY REACH DRIVE JACKSONVILLE FL 32221 US | Mailing Address C/O JOHN B. COXWELL 805 SHADY REACH DRIVE JACKSONVILLE FL 32221 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 6741 Lloyd Rd, W. Suite, Apt #, etc. 22 City & State 23 Jacksonville, FL Zip 24 32254 Country 25 US | 2a. Mailing Address 26 6741 Lloyd Rd, W. Suite, Apt #, etc. 27 City & State 28 Jacksonville, FL Zip 29 32254 Country 30 US |
|---|--|

| | | |
|--|---------------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 10/18/1983 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|---|-----------|
| 9. Name and Address of Current Registered Agent AKEL, DANIEL D ESQ. ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE FL 32202 | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

| | |
|---|-----------|
| 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstalling)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | VPE <input type="checkbox"/> DELETE |
| NAME | KIRWAN, MICHAEL K |
| STREET ADDRESS | 1805 SUNNY MEADE DRIVE |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 |
| TITLE | VPO <input type="checkbox"/> DELETE |
| NAME | KAYSER, THOMAS S |
| STREET ADDRESS | 3492 CEDARWOOD TRAIL |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 |
| TITLE | VPO <input type="checkbox"/> DELETE |
| NAME | WILLIFORD, VERNON W |
| STREET ADDRESS | 9869 WESBOURNE COURT |
| CITY-ST-ZIP | JACKSONVILLE FL 32312 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | CEO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Charles E. Owens |
| 1.3 STREET ADDRESS | 6741 Lloyd Road West |
| 1.4 CITY-ST-ZIP | Jacksonville, Florida 32254 |
| 2.1 TITLE | VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | R. Alan Palmer |
| 2.3 STREET ADDRESS | 6741 Lloyd Road West |
| 2.4 CITY-ST-ZIP | Jacksonville, Florida 32254 |
| 3.1 TITLE | P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | J. David Coxwell |
| 3.3 STREET ADDRESS | 6741 Lloyd Road West |
| 3.4 CITY-ST-ZIP | Jacksonville, Florida 32254 |
| 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Roger L. Sollie |
| 4.3 STREET ADDRESS | 6741 Lloyd Road West |
| 4.4 CITY-ST-ZIP | Jacksonville, Florida 32254 |
| 5.1 TITLE | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Shelley C. Williford |
| 5.3 STREET ADDRESS | 9869 Westbourne Court |
| 5.4 CITY-ST-ZIP | Jacksonville, Florida 32254 |
| 6.1 TITLE | ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Johnna K. Hagan |
| 6.3 STREET ADDRESS | 805 Shady Reach Drive |
| 6.4 CITY-ST-ZIP | Jacksonville, Florida 32221 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **Johnna K. Hagan** 1/12/98 904-786-1126

CR2E034 (10/97)