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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H53179**

1. Corporation Name

J W R CONSTRUCTION SERVICES, INC.

Principal Place of Business Mailing Address										1217 01011 0751	
1311 NEWPORT CENTER DRIVE WEST 1311 NEWPORT CENTER DRIV											
DEERFIELD BEACH FL 33442-7734 DEERFIELD BEACH FL 33442-					·7734			BO NOT WE	TE 11.1 TI 110	00405	
us us					-			DO NOT WRI	TE IN THIS	SPACE	
							(Date Incorporated or Qualifed 04/18/1985			
2. Principal P	lace of Business	2a. Mailing Add	ress					El Number		, A	pplied For
21		26						59-2526115			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.				5. 0	Certifcate of Status Desired		, - · · · -	Additional
22		27					•				Required
City & State	e	City & State	•					Election Campaign Financing			May Be
23		28						Trust Fund Contribution			to Fees
Zip	Country	Zip		ountry				This corporation owes the curr	ent year Inta		m.
24	25	29	30	_		1		Personal Property Tax.		☐ Yes	No
	9. Name and Address of Currer	it Registered Agent		81			10.	Name and Address of New I	registered .	Agent	
GALI	LO, WILLIAM J.			81	Name	е					
1311 NEWPORT CENTER DRIVE WEST					Stree	t Addres	s (P.C	D. Box Number is Not Accepta	able)		
DEERFIELD BEACH FL 33442											
DLL	THE BEACHTE 30442			83							
				84	City					85 Zip	Code
					'						
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Flor	ida Statutes, the	above	e-name	d corpora	ation s	submits this statement for the	purpose of	changing it	s registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607	.0505, Florida Sta	atutes		porauon	5 UUA	ind of directors. Thereby accep	or are appoin	initial ab i	ogistore
SIGNATURE											
OIOIO/(IOI)	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Register	ed Ager	nt signature	e required w	hen rein	nstating)	DATE		
12.		D DIRECTORS	13				Αſ	DDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD		DELETE 1.1	TITLE						☐ Change	Addition
NAME	DUBOIS, JERRY		1.2	NAME							
STREET ADDRESS	915 SE 11THSTREET		1.3	STREET	r addres	s					
CITY-ST-ZIP	DEERFIELD BCH FL		1.4	CITY-S	T-ZIP						
TITLE	T\$ □ DELETE 2		DELETE 2.1	2.1 TITLE						Change	☐ Addition
NAME	SCHMER, CAROL D.		2.2	2.2 NAME							
STREET ADDRESS	14051 LANGLEY PL		2.3	STREET	TADDRES	s					
CITY-ST-ZIP	DAVIE FL		2.4	CITY-S	T-ZIP						
TITLE	EVP		DELETE 3.1	TMLE						☐ Change	☐ Addition
NAME	GALLO, WIŁLIAM J.		3.2	NAME							,
STREET ADDRESS	4010 NE 40TH AVE		3.3	STREET	ADDRES	s					
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	ŀ	3.4.	CITY-S	T-ZIP						
TITLE	VP		DELETE 4.1	TITLE						☐ Change	☐ Addition
NAME	Franklin, Kristopher J.		4.2	NAME				,			ì
STREET ADDRESS	1013 GUAVA ISLE		4.3	STREET	ADDRES	s		•			
CITY-ST-ZIP	FORT LAUDERDALE FL			CITY-S							
TITLE]		TITLE				· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME			5.2	NAME				*.			
STREET ADORESS			5.3	STREET	TADDRES:	s					ļ
CITY-ST-ZIP				CITY-S						-	ļ
TITLE				TITLE		<u> </u>				☐ Change	☐ Addition
NAME				NAME							
DEDECT ADDRESS					FADDRES:	s					

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 appears in the receiver of the corporation of the corporation

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP