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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J11112** **(6)**

1. Corporation Name
JOHN CONNER CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
572 US 17 SOUTH P.O. BOX 1838 YULEE FL 32097	572 US 17 SOUTH P.O. BOX 1838 YULEE FL 32097-6869

2. Principal Place of Business
21 Rt. 1 Box 2785
22 Suite, Apt. #, etc.
23 City & State: Hilliard, Florida
24 Zip: 32046 25 Country: Nassau

2a. Mailing Address
26 Rt. 1 Box 2785
27 Suite, Apt. #, etc.
28 City & State: Hilliard, Florida
29 Zip: 32046 30 Country: Nassau

3. Date Incorporated or Qualified: 04/10/1986
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2662400 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~CONNER, PATRICIA~~ Haddock
~~801 MINER RD~~ Rt 1 Box 2785
~~YULEE FL~~ 32097 Hilliard, Fla 32046

★Name change by MARRIGGE

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	~~CONNER, PATRICIA~~ Haddock		1.2 NAME	
STREET ADDRESS	~~801 MINER RD~~ Rt 1 Box 2785		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~YULEE FL~~ Hilliard, Fla 32046		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Patricia Haddock Patricia Haddock 4/28/97 904 845-2725