

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90004 043 ***150.00

DOCUMENT # J15876

1. Entity Name
F & G CONSTRUCTION OF JACKSONVILLE, INC.



Principal Place of Business
**2734 EDISON AVENUE
JACKSONVILLE, FL 32254 US**

Mailing Address
**2734 EDISON AVENUE
JACKSONVILLE, FL 32254 US**

54062225



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2689424

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

7. Name and Address of New Registered Agent

**AUSTIN
FEWOX, AMY FEWOX
4702 KERLE STREET 1720 DOGWOOD PLACE
JACKSONVILLE, FL 32254
32210**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
FEWOX, EDWARD K JR
2734 EDISON AVENUE
JACKSONVILLE, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
FEWOX, SYLVIA
2734 EDISON AVENUE
JACKSONVILLE, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
AUSTIN, AMY FEWOX
2734 EDISON AVENUE
JACKSONVILLE, FL

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

7/12/04

Date

904-388-5707

Daytime Phone #