

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J69926 (0)
1. Corporation Name
JEB CONSTRUCTION & MAINTENANCE SERVICES, INC.



Principal Place of Business Mailing Address
3230 BLACK PINE AVE.
WINTER PARK FL 32792 3230 BLACK PINE AVE.
WINTER PARK FL 32792

2. Principal Place of Business 2a. Mailing Address
21 9187 TELFER RUN 25 9187 TELFER RUN
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 ORLANDO, FL 28 ORLANDO, FL
Zip Country Zip Country
24 32817 25 32817 29 32817 30

3. Date Incorporated or Qualified 3a. Date of Last Report
04/29/1987 05/01/1995
4. FEI Number Applied For
59-2802098 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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 10. Name and Address of New Registered Agent
BAKER, JOHN E.
3230 BLACK PINE AVE.
WINTER PARK FL 32792
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9187 TELFER RUN
83
84 City ORLANDO FL 85 Zip Code 32817

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS
TITLE P ☐ DELETE
NAME BAKER, JOHN E.
STREET ADDRESS 3230 BLACK PINE AVE.
CITY-ST-ZIP WINTER PARK FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 9187 TELFER RUN
14 CITY-ST-ZIP ORLANDO, FL 32817 ☐ Change ☐ Addition
2.1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report for 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 1, 1996

407
877-2224
Original Phone #

CR2E034 (3/96)