

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000008298

1. Entity Name
BEVILL CONSTRUCTION CO.



Principal Place of Business
15353 YELLOW BLUFF RD.
JACKSONVILLE, FL 32226

Mailing Address
15353 YELLOW BLUFF RD.
JACKSONVILLE, FL 32226



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0563596

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURDEN, WILLIAM L ESQ.
225 WATER STREET, SUITE 900
JACKSONVILLE, FL 32202

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IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

000000045799
02/11/04-80077-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BEVILLE, MICHAEL W
STREET ADDRESS 15353 YELLOW BLUFF RD.
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE VPD
NAME BEVILLE, WALLACE S
STREET ADDRESS 15353 YELLOW BLUFF RD.
CITY-ST-ZIP JACKSONVILLE, FL 32226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: *Michael W. Bevill* *Michael W. Bevill* 2/9/04 (904)838-4189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #