FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000002668 (1)**

1. Corporation Name

J & L CONSTRUCTION AND MANAGEMENT, INC.

Principal Place of Business	Mailing Address
113 PONCE DE LEON CIRCLE PONCE INLET FL 32127	113 PONCE DE LEON CIRCLE PONCE INLET FL 32127

3. Date Incorporated or Qualified: **11/02/1992**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-3152797** ☐ 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. Is this corporation subject to liability for intangible tax under s. 199.032 Florida Statutes? ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 County 30

9. Name and Address of Current Registered Agent

MCCARTHY, JOHN M
113 PONCE DE LEON CIRCLE
PONCE INLET FL 32127

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 Section [illegible] 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. The above named corporation has been notified of this change and hereby accepts the appointment as registered agent. I am familiar with and accept the obligations of [illegible]

SIGNATURE

12. OFFICER/DIRECTOR

TITLE D
NAME MCCARTHY, JOHN M
STREET ADDRESS 113 PONCE DE LEON CIRCLE
CITY-ST-ZIP PONCE INLET FL 32127

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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☐ Change ☐ Addition

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14. I DO HEREBY CERTIFY, that the information supplied with this filing complies with the requirements of Section 607.0122, Florida Statutes. I further certify that the information indicated on this report or supplemental requirement is true and accurate and that my signature shall have the same 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 added above.

SIGNATURE: John M. McCarthy 3/25/96 904.760.6320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)