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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000012004 (7)

JOHN LLOYD CONSTRUCTION CO., INC.

FILED Apr 08 1998 8:00am Secretary of State

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| Principal Place of Business Mailing Address | | | | | L NOBINDOL HAS IDNIN HOHI DONIN OGNIN OBNIS DONOT HAVE WENE DENK DONIN DIGH 1001 | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------|-------------------------------------------------------------|----------------|----------------------------------------------------------------------------------|--------------------------------------|-------------------|----------------|--|
| 4220 SUMMER BREEZE DRIVE FERNANDINA BEACH FL 32034 US | | | 4220 SUMMER BREEZE DRIVE FERNANDINA BEACH FL 32034 US | | DO NOT WRITE IN TH | IIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualified | | | |
| Ön Delevierat Di | ace of Business | 2a. Mailing Ac | | | | 12/15/1992 | | | |
| | ace or Business | 1 | iaress | | | 4. FEI Number | | Applied For | |
| Suite, Apt. | # etc | Suite, Apt. | # etc | | | 59-3161308 | | lot Applicable | |
| 22 | | 27 | 27 | | | 5. Certificate of Status Desired | Fee Required | | |
| City & State | 1 | City & Stat | е | | | 6. Election Campaign Financing | | May Be | |
| Zip Country | | | Z(p) Country | | Trust Fund Contribution | | | | |
| 24 | 25 | 29 | 30 | _ _ | | Personal Property Tax due June 30. | _ · _ · | | |
| | 9. Name and Address of Curre | | | 1- | | 10. Name and Address of New Register | | | |
| ш | YD, JOHN R JR | | | 81 | Name | | | | |
| | O SUMMERBREEZE DR | | | 82 | 0 | deco (DO Dechterio Mat Agent) | | | |
| | NANDINA BEACH FL 32034 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | 83 | | , | | | |
| | | | | - | 011 | | | | |
| | | | | 84 | City | F | - 1 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 | Signature, typed or pented name of registered a | gent and take it applicable. | (NOTE Registe | red Age | ent signature r | required when reinstating) DAT | Έ | | |
| 12. | OFFICERS AI | ND DIRECTORS | 13 | 3. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 | |
| TITLE | D | | DELETE 11 | TITLE | | | Change | ☐ Addition | |
| NAME | LLOYD, JOHN R JR | | 12 | NAME | | | | | |
| STREET ADDRESS | 4220 SUMMERBREEZE DR | | 1.3 | STREET | ADDRESS | | | 1: | |
| CITY-ST-ZIP | FERNANDINA BEACH FL | | | CITY-5 | T-ZIP | | | | |
| TITLE | | | DELETE 2.1 | 2.1 TITLE | | | L Change | Addition | |
| NAME | | | 2.2 | NAME | | • | | l | |
| STREET ADDRESS | | | 2.3 | STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | CITY- | ST-ZIP | | | | |
| TITLE | | | | TITLE | 1 | | Change | ☐ Addition | |
| NAME | | | | NAME | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | CiTY- | ST-ZIP | | 1 8 | A Jawa | |
| TITLE | | | | TITLE | | | ☐ Change | ☐ Addition | |
| NAME | | | | NAME | | | | | |
| STREET ADDRESS | | | • | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | CITY-S | IT- ZIP | | ☐ Change | Addition | |
| TITLE | | با | • | TITLE | | | □ crange | ☐ Addition | |
| NAME ATREET ADAPTED | | | | NAME | 4000000 | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | CITY-S | IT-ZIP | | Chanca | Addition | |
| TITLE | | L | | THILE | ĺ | | Change | Addition | |
| NAME | | | | NAME | | | | ŀ | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 | CITY - S | T-ZIP | | | | |

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 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 or soften or of 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 pragod or on an attainment with an appears.

904-277-9636