## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000016183 (4)

## FILED May 08 1998 8:00am Secretary of State

J.V. CO	ONTRACTORS, INC.	Mailing Address			
1111 N WESTSHORE BLVD STE 207 TAMPA FL 33607		1111 N WESTSHORE BLVD STE 207 TAMPA FL 33607		DO NOT WRITE IN TH	IS SPACE
US		US		3. Date Incorporated or Qualified	
**		•		02/26/1993	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3178630	Not Applicable
Suite, Apl.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		[28]		Trust Fund Contribution	Added to Fees
Zıp	Country	Z <sub>ip</sub>	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	☐ Yes ☐ No
	g, Name and Address of Curre	ur veðisteren Aðeur	81 Name	10. Name and Address of New Registere	ou Agent
	LDSWORTH, JOHN W III		Name		
	1 N WESTSHORE BLVD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
STE 207			63		···
TAI	MPA FL 33607		63		İ
			84 City		85 Zip Code
				F	
office or r agent. I a SIGNATURE				oration submits this statement for the purpose ion's board of directors. I hereby accept the a	
12.	Signature, typed or printed name of registered ag	ID DIRECTORS	Registered Agent signature requir	ed when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS OF FAMALS TO OFFICE HOS	Change Addition
NAME	HOLDSWORTH, JOHN	_	1.2 NAME		
STREET ADDRESS	930 ALLERGRG LANE		1.3 STREET ADDRESS		
CITY-ST-Z#P	APOLLO BCH FL		1.4 CITY - ST - ZIP		
TITLE	N OCCO DOTTIE	DELETE	2.1 TITLE		Change Addition
NAME		_	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE	<del></del>	DELETE	3.1 TITLE		Change Addition
NAME		····	3.2 NAME		
STREET ADDRESS			3 3 STREET ADORESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZWP			4.4 CITY - ST-ZIP		ľ
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		Ì
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	l		6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
	setifut that the information cumpled u	all, this filing does not qualify for		Section 119 07/3Vi) Florida Statutes Lifurther	costifue that the information

14. 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 eath; 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 on an attachment with an address.

SIGNATURE:

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