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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000032845 (8)

1. Corporation Name

NEWMAN CONSTRUCTION OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
8534 MALLORY ROAD JACKSONVILLE FL 32220	8534 MALLORY ROAD JACKSONVILLE FL 32220-2359

3. Date Incorporated or Qualified **05/04/1993**	3a. Date of Last Report **02/16/1996**

4. FEI Number **59-3244830**	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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

MOSS, GENE T
337 EAST BAY STREET
JACKSONVILLE FL 32202

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 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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME NEWMAN, CHARLES D		1.2 NAME		
STREET ADDRESS 5497 LONG BRANCH CEMETARY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP MAXVILLE FL 32234		1.4 CITY-ST-ZIP		
TITLE D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME NEWMAN, DONALD B		2.2 NAME		
STREET ADDRESS 5493 LONG BRANCH CEMETARY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP MAXVILLE FL 32234		2.4 CITY-ST-ZIP		
TITLE D	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME DUCKWORTH, AL J		3.2 NAME		
STREET ADDRESS 2808 BLACKBERRY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP MIDDLEBURG FL 32068		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: _____ A. J. Duckworth _____ 3/26/97 (904) 783-2260