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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

SIGNATURE:

Secretary of State

1. Corporation	MENT # P930 JORDAN CONSTRUCTION	00043880 (2	2)					
J. D. C		Mailing Address						
		-						
J. B. JORDAN. JR. 3384 Highway 73 Marianna Fl. 32446		J. B. JORDAN. JR. 3384 HIGHWAY 73 MARIANNA FL 32446		Date Incorporated or Qualified 3a. Date of Last Report			Report	
					06/16/1993		04/25/1	•
~) ·	ace of Business	2a. Mailing Address			4, FEI Number			Applied For
Cuito Act d	ll ata	26		<u> </u>	65-0415806			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State)	City & State			6. Election Campaign Financing			00 May Be
		28			Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Count	try	8. This corporation has liability for		tax under s	s 199.032,
·	25 Name and Address of Curr	[29]	30		Florida Statutes Y		<u> </u>	
	9. Name and Address of Curr	rent Registered Agent	8	11 Name	10. Name and Address of New	Registered	d Agent	
GRIFFIT	TH, FLOYD A							·
	ACKSON ST.	82 Street Ad		Street Add	ress (P.O. Box Number is Not Accept	able)		
	NA FL 32447		8	3			• • • • • • • • • • • • • • • • • • • •	
				4 City		·	85 2	ip Code
				31,9		FI	L	
Pursuant to or registers familiar with	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of, Se	602 and 607.1508, Florida Statu orida. Such change was authori, ection 607.0505, Florida Statute	tes, the above zed by the cor s.	named corpo rporation's boa	ration submits this statement for the part of directors. I hereby accept the ap	ourpose of clopointment a	hanging its is registere	registered offici d agent. I am
GNATURE _	o the provisions of Sections 607.05 ed agent, or both, in the State of Fich, and accept the obligations of, Se Signature, typed or printed name of registered ag	gent and title if applicable (N	OTE: Registered Aç	a-named corpo rporation's boa gont signature require	ed when reinstating)	DATE		
IGNATURE _	Signature, typed or printed name of registered ag OFFICERS A	gent and title if applicable (N AND DIRECTORS	OTE: Registered Ac	gent signature require		DATE	ID DIRECT	ORS IN 12
IGNATURE	Signature, typed or printed name of registered ag OFFICERS A	gent and title if applicable (N	OTE: Registered A: 13. 1.1 TifL	gent signature require	ed when reinstating)	DATE		ORS IN 12
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J.B. JORDAN, JR. 4-18-96 (904) 482-4792