2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2000 8:00 am Secretary of State DOCUMENT # **P93000043880** 1. Entity Name J. B. JORDAN CONSTRUCTION COMPANY 04-05-2000 90084 001 ***150.00 Principal Place of Business Mailing Address J. B. JORDAN, JR. J. B. JORDAN, JR. 3384 HIGHWAY 73 3384 HIGHWAY 73 MARIANNA FL 32446 MARIANNA FL 32446-2478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0415806 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFITH, FLOYD A Street Address (P.O. Box Number is Not Acceptable) 4431 JACKSON ST. MARIANNA FL 32447 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/99) ☐ Addition JORDAN, VIRGINIA NAME NAME STREET ADDRESS 3386 HWY 73 STREET ADDRESS CITY-ST-ZIP MARIANNA FL 32446 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME Jordan, J. B. Jr NAME STREET ADDRESS 3384 HIGHWAY 73 STREET ADDRESS CITY-ST-ZIF MARIANNA FL 32446 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change . Addition JORDAN, J. B. SR. NAME NAME STREET ADDRESS 3386 HIGHWAY 73 STREET ADDRESS CITY-ST-7IF MARIANNA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DE AND PER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT JR. 3-30-00

(<u>(\$50)</u> 487-Daytime Phone #