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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000061318 (0)**

1. Corporation Name

JACKSONVILLE EIGHTEEN CONSTRUCTION COMPANY, INC.



Principal Place of Business

**10450 SAN JOSE BLVD
SUITE 3
JACKSONVILLE FL 32257**

Mailing Address

**10450 SAN JOSE BLVD
SUITE 3
JACKSONVILLE FL 32257**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SMITH, R. LEE
10450 SAN JOSE BLVD
SUITE 3
JACKSONVILLE FL 32257**

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 607.01(1) and 607.02(1) of the 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 is 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 607.02(1) of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
SMITH, R. LEE
10450 SAN JOSE BLVD, SUITE 3
JACKSONVILLE FL 32257

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied in this filing is voluntarily true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information in and 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 or person in possession or control of the corporation as provided in Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this annual report or supplemental annual report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR