

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000061318 (0)**

1. Corporation Name

JACKSONVILLE EIGHTEEN CONSTRUCTION, INC.

Principal Place of Business

**1275 COUNTY ROAD 210 WEST
JACKSONVILLE FL 32259**

Mailing Address

**1275 COUNTY ROAD 210 WEST
JACKSONVILLE FL 32259**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1993

4. FEI Number

59-3269666

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**SHIELDS, DAVID
1275 CR 210 W
JACKSONVILLE FL 32259**

10. Name and Address of New Registered Agent

81 Name

Edward D. Smith

82 Street Address (P.O. Box Number is Not Acceptable)

1275 County Road 210 West # A

83

84 City

Jacksonville

FL

85

Zip Code

32259

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)

1/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHIELDS, DAVID R.	
STREET ADDRESS	1275 COUNTY ROAD 210 WEST	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, EDWARD	
STREET ADDRESS	1275 CR 210 W	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	WRIGHT, JANET	
STREET ADDRESS	1275 CR 210 W	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRECHETTE, DONNIE	
STREET ADDRESS	1275 CR 210 W	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, STEVE	
STREET ADDRESS	1275 CR 210 W	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUSH, KEVIN	
STREET ADDRESS	1275 CR 210 W	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	

21 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Smith, Edward	
23 STREET ADDRESS	1275 CR 210 W	
24 CITY-ST-ZIP	Jacksonville FL	

31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		

41 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Frechette, Donnie	
43 STREET ADDRESS	1275 CR 210 W	
44 CITY-ST-ZIP	Jacksonville, FL	

51 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Carroll, Steve	
53 STREET ADDRESS	1275 CR 210 W	
54 CITY-ST-ZIP	Jacksonville, FL	

61 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Bush, Kevin	
63 STREET ADDRESS	1275 CR 210 W	
64 CITY-ST-ZIP	Jacksonville, FL	

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 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:

Edward D. Smith, President

1/27/98

(904) 810-1925

CR2E034 (10/97)