FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 8:59

DOCUMENT # **P93000067762 (3)**

1. Corporation Name

JSD CONTRACTING, INC.

Principal Place of Business	Mailing Address
6741 LLOYD ROAD W. JACKSONVILLE FL 32254-1249	6741 LLOYD ROAD W. JACKSONVILLE FL 32254-1249

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/22/1993**	3a. Date of Last Report: **02/03/1994**
4. FEI Number: **59-3207155**	☐ 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 § 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

HAGAN, JOHNNA K
6741 LLOYD ROAD, WEST
JACKSONVILLE FL 32254-1249

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) (If #10, Registered Agent signature required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	STD	1 TITLE	☐ Change ☐ Addition
NAME	HAGAN, JOHNNA KAY	2 NAME	
STREET ADDRESS	9858 WESBOURNE CT.	3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	4 CITY-ST-ZIP	
TITLE	PD	5 TITLE	☐ Change ☐ Addition
NAME	WILLIFORD, SHELLEY LYNN	6 NAME	
STREET ADDRESS	9869 WESBOURNE CT.	7 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	8 CITY-ST-ZIP	
TITLE	VD	9 TITLE	☐ Change ☐ Addition
NAME	COXWELL, JOHN DAVID	10 NAME	
STREET ADDRESS	9874 WESBOURNE CT.	11 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	12 CITY-ST-ZIP	
TITLE		13 TITLE	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY-ST-ZIP		16 CITY-ST-ZIP	
TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 the 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: Shelley C. Williford/President
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED

1-10-95 (Date) 904-786-1120 (Daytime Phone #)

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