

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 06 1996 8:00 am  
Secretary of State

DOCUMENT # P93000067762 (3)

1. Corporation Name

JSD CONTRACTING, INC.



Principal Place of Business

Mailing Address

~~6741 LLOYD ROAD W.~~ 10420 New Berlin Rd.  
JACKSONVILLE FL 32254-1249 Jax FL JACKSONVILLE FL 32254-1249

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified  
09/22/1993

3a. Date of Last Report  
01/18/1995

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 s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAGAN, JOHNNA K

~~6741 LLOYD ROAD, WEST~~ 10420 New Berlin Rd.  
JACKSONVILLE FL 32254-1249 Jax FL 32226

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 State if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE

NAME HAGAN, JOHNNA KAY  
STREET ADDRESS 9858 WESBOURNE CT.  
CITY-STATE-ZIP JACKSONVILLE FL 32221

TITLE PD ☐ DELETE

NAME WILLIFORD, SHELLEY LYNN  
STREET ADDRESS 9869 WESBOURNE CT.  
CITY-STATE-ZIP JACKSONVILLE FL 32221

TITLE VD ☒ DELETE

NAME COXWELL, JOHN DAVID  
STREET ADDRESS 9874 WESBOURNE CT.  
CITY-STATE-ZIP JACKSONVILLE FL 32221

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Johnna Hagan ☒ Change ☐ Addition

1.2 NAME President  
1.3 STREET ADDRESS 9858 Wesbourne Ct.  
1.4 CITY-STATE-ZIP Jax, FL 32221

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME Shelley Williford  
2.3 STREET ADDRESS 9869 Wesbourne Ct.  
2.4 CITY-STATE-ZIP Jax FL 32221

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Shelley Williford 2/27/96 904-696-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)