

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000067762 (3)

1. Corporation Name
JSD CONTRACTING, INC.

Principal Place of Business

10420 NEW BERLIN RD
JACKSONVILLE FL 32226
US

Mailing Address

10420 NEW BELIN RD
JACKSONVILLE FL 32226-2216
US



2. Principal Place of Business

21 6741 LLOYD ROAD W
Suite, Apt. #, etc.

22 City & State
23 JACKSONVILLE FL

24 Zip 32254 25 Country DUAL

26 6741 LLOYD ROAD W
Suite, Apt. #, etc.

27 City & State
28 JACKSONVILLE FL

29 Zip 32254 30 Country DUAL

31 City JACKSONVILLE FL 32 Zip Code 32254

32 City JACKSONVILLE FL 33 Zip Code 32254

34 City JACKSONVILLE FL 35 Zip Code 32254

36 City JACKSONVILLE FL 37 Zip Code 32254

38 City JACKSONVILLE FL 39 Zip Code 32254

40 City JACKSONVILLE FL 41 Zip Code 32254

42 City JACKSONVILLE FL 43 Zip Code 32254

44 City JACKSONVILLE FL 45 Zip Code 32254

46 City JACKSONVILLE FL 47 Zip Code 32254

48 City JACKSONVILLE FL 49 Zip Code 32254

50 City JACKSONVILLE FL 51 Zip Code 32254

52 City JACKSONVILLE FL 53 Zip Code 32254

54 City JACKSONVILLE FL 55 Zip Code 32254

56 City JACKSONVILLE FL 57 Zip Code 32254

58 City JACKSONVILLE FL 59 Zip Code 32254

60 City JACKSONVILLE FL 61 Zip Code 32254

62 City JACKSONVILLE FL 63 Zip Code 32254

64 City JACKSONVILLE FL 65 Zip Code 32254

66 City JACKSONVILLE FL 67 Zip Code 32254

68 City JACKSONVILLE FL 69 Zip Code 32254

3. Date Incorporated or Qualified

09/22/1993

3a. Date of Last Report

03/06/1996

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

HAGAN, JOHNNA K
10420 NEW BERLIN RD
JACKSONVILLE FL 32226

10. Name and Address of New Registered Agent

81 Name

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

6741 LLOYD ROAD WEST

83

84 City

JACKSONVILLE

FL

85 Zip Code

32254

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: JOHNNA K. HAGAN *[Signature]* DATE: 2/24/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	HAGAN, JOHNNA KAY	9858 WESBOURNE CT.	JACKSONVILLE FL	<input type="checkbox"/>
VP	WILLIFORD, SHELLEY LYNN	9889 WESBOURNE CT.	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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: JOHNNA K. HAGAN *[Signature]* DATE: 2/24/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)