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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P94000078834

1. Corporation Name J.G.C. DESIGN OF FLORIDA CONSTRUCTION, INC.

•	
Principal Place of Business	Mailing Addres
409 NW 10TH TER	409 NW 10TH T
HALLANDALE FL 33009	HALLANDALE F

Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90170 003 ***150.00



21 26 65-0529193 Not Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 5. Certificate of Status Desired Fee Rec City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. Vers 9. Name and Address of Current Registered Agent CHEVLIN, SANFORD Z ESQ	uired lay Be
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9. Name and Address of Current Registered Agent CHEVLIN, SANFORD Z ESQ 10. Name and Address of New Registered Agent 81 Name	_No
CHEVLIN, SANFORD Z ESQ	
CHEVLIN, SANFORD Z ESQ	
1008 W HALLANDALE BEACH BLVD 82 Street Address (P.O. Box Number is Not Acceptable)	
HALLANDALE FL 33009	
84 City FL 85 Zip C	ide
	gistered
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 to 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 regarder. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	stered
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) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE PD DELETE 1.1 TITLE Change	☐ Addition
NAME CARTWRIGHT, THOMAS 1.2 NAME	
STREET ADDRESS 1008 W HALLANDALE BEACH BLVD 1.3 STREET ADDRESS	
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CITY-ST-ZIP	☐ Addition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

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