2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000046386

Title:

Name:

Address:

City-St-Zip:

VD

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WRIGHT, JERRY W SR.

8692 W. CHARLYNN LANE

CRYSTAL RIVER, FL 34428

JERNIGAN BROTHERS CONTRACTING INC

FILED Jul 03, 2007 Secretary of State

Name and Address of Current Registered Agent: TRUSSELL, WILLIAM H JR 1318 OAK HILL STREET SEFFNER, FL 33584 US The above named entity submits this statement for the purpose of changing its registered office or registered age in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND IT Title: D () Change () Addition Name: TRUSSELL, WILLIAM H JR Address: 1318 OAK HILL STREET City-St-Zip: SEFFNER, FL 33584 Title: STD () Delete Title: () Change () Addition Name: TRUSSELL, TAMI Name: TRUSSELL, TAMI Name: () Change () Addition Name: () Change () Addition	New Mailing Address: Title: () Change () Addition Name: Address:	Entity Name: JERNIGAN BROTHERS CONT	*RACTING, INC.		
Current Mailing Address: PO BOX 619 MANGO, FL 33550 FEI Number: 59-3321072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Des Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRUSSELL, WILLIAM H JR 1318 OAK HILL STREET SEFFNER, FL 33584 US The above named entity submits this statement for the purpose of changing its registered office or registered age in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND ITIE: () Change () Addition Name: TIUSSELL, WILLIAM H JR Address: 1318 OAK HILL STREET City-St-Zip: SEFFNER, FL 33584 City-St-Zip: Title: STD () Delete Title: () Change () Addition Name: TRUSSELL, TAMI	with this statement for the purpose of changing its registered office or registered agent, or both, ature of Registered Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: Address: Address: Address: Address: Address:	Current Principal Place of Business:	New Principal Place	New Principal Place of Business:	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TAMI TRUSSELL STD 07/03/2007

() Change () Addition