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

CORPORATION ANNUAL REPORT



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

1996

NAME

STREET ADDRESS

SIGNATURE:

CHY-ST-ZP

DOCUMENT #

P95000052911 (1)

J. C. G. CONSTRUCTION, INC.

Mailing Address
1910 FRONTERA ST.
BETS TORTUGA ST Principal Place of Business

1910 FRONTERN ST

1219 TORTUGA ST NAVARRE FL 32566 NAVARRE FL 32566 3. Date Incorporated or Qualified 3a. Date of Last Report 07/03/1995 4. FEI Number 59-3327/83 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, Country Zio Zip X Yes □ No Florida Statutes 24 29 30 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GODDIN, JAMES C Street Address (P.O. Box Number is Not Acceptable) 82 8219 TORTUGA ST 83 NAVARRE FL 32566 Z_Ip Code 84 City 85 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. D/P/S/T DELETE 1.1 TITLE TITLE JAMES C. GODDIN 1.2 NAME NAME RAYARRE, FL 32566 1.3 STREET ADDRESS STREET ADDRESS 14 CITY - ST - ZIP CITY-S1-ZIP ☐ Change ☐ Addition DELETE 2 1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3 1 TITLE 110 F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST-ZIP CITY-ST-ZIP DELETE Chance ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST-ZIP CITY-ST-ZIP ☐ Chance ☐ DELETE ■ Addition TITLE 5. 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CHTY-ST-7IP DELETE ☐ Change Addition 1:TLE 6 1 TITLE

> 6.2 NAME 6.3 STREET ADDRESS

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.

6.4 CITY-ST-ZIP

4-25-96 904-939-4051