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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

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4-10.00

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052911 (1)

J. C. G. CONSTRUCTION, INC.

Principal Place of Business 1910 FRONTERA ST 1910 FRONTERA ST NAVARRE FL 32566-9132 NAVARRE FL 32566 3a. Date of Last Report 3. Date Incorporated or Qualified 07/03/1995 05/01/1996 2. Principal Place of Business 4. FLI Number 2a. Mailing Address Applied For 6701 PASO DE Cortez P. o. Box Suite, Apt. #, etc. 59-3327183 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Novarre Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, U.S Yes 🔲 No Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **GODDIN, JAMES C** 8219 TORTUGA ST 82 DE CORTEZ **NAVARRE FL 32566** 83 84 City avarre 32566 11. Pursuant to the provisions of Sections 607.05.02 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 fampliar with, and accept the obligations of, Section 607.0505, Florida Statutes. April 28, 1997 President Goddin JAMES SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE DPST TITLE 1.1 THUE GODDIN, JAMES C 1.2 NAME NAME 1910 FRONTERA ST 1.3 STREET ADDRESS 6701 Paso De Cortez STREET ADDRESS Navarre, Fl 32566 NAVARRE FL 32566 1.4 CITY - ST- 7IP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHY-S1-ZIP Change Addition DELETE 3.1 TILLE TITLE 3.2 NAMI STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CHY-S1-ZIF Change Addition DELFTE 4.1 THEF TITLE 4.2 NAME NAME 4.8 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 10116 TITLE 5.2 NAME NAME 5.8 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELFTE 6.1 TITLE TITLE NAME 6.2 NAMS STREET ADDRESS 6.8 STREET ADDRESS CITY-ST-ZIP 6 4 CiTY-S1-7IP 14. I do hereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.