## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED

1. Entity Nam	MENT # <b>P950000</b> ( ONTRACTORS, INC.	62516		Mar 21, 2000 8:00 am Secretary of State 03-21-2000 90016 017 ***150.00
Principal Plac	e of Business	Mailing Address		
1116 HWY 17 NORTH BOSTWICK FL 32007		P O BOX 14 BOSTWICK FL 32007-0014		
2. Principal P	lace of Business	3. Mailing Address		
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	9	City & State	· , ,	4. FEI Number 59-3345654 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
TOLSON, JOHN F JR 2301 PARK AVE. SUITE 406				ohn M. Williams ress (P.O. Box Number is Not Acceptable)
SUITE 406 ORANGE PARK FL 32073			City	16 Hwy 17 North  ostwick  FL   Zip Code   32007
9. This corporate filling r	100 - 2500	d tile if applicable. (NC FILE NOV After MAY 1, 2	OTE: Registered Agent signature re V!!! FEE IS \$150.00 2000 Fee will be \$550. able to Department of	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT WILLIAMS, JOHN M 1116 HWY 17 NORTH BOSTWICK FL 32007	☐ Delete	NAME STREET ADDRESS CITY-ST-7IP	V ☐ Change X Addition Eddie A. Angell 421 Jackson Avenue
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WILLIAMS, KARL L 1116 HWY 17 NORTH BOSTWICK FL 32007	☐ Delete	TITLE	Palatka FL 32177  V  Change Addition  WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME   STREET ADDRESS   CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE  NAME  STREET ADDRESS  CUTV. ST. 7/P	☐ Change ☐ Addition

13. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

03/17/00

(904)325-0787

Daytime Phone #