

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000084743 (0)

1. Corporation Name

D. J. CONTRACTING OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

325 N LAKE MARIETTA DR WEST
JACKSONVILLE FL 32220

325 N LAKE MARIETTA DR WEST
JACKSONVILLE FL 32220

2. Principal Place of Business

2a. Mailing Address

21 308 Pickettville Road

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jacksonville, Florida

24 32220

Country

29 308

Country

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/30/1995

3a. Date of Last Report

4. FEI Number

59-3344354

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

COLD, KATHLEEN H
ONE INDEPENDENT DR STE 2301
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Donna J. Hamilton

Donna J. Hamilton

6-20-96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when must change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HAMILTON, DONNA J
STREET ADDRESS 325 N LAKE MARIETTA DR WEST
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11 TITLE PS
12 NAME Hamilton, DONNA J.
13 STREET ADDRESS 308 Pickettville Road
14 CITY-ST-ZIP Jacksonville, Florida 32220

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Donna J. Hamilton

Donna J. Hamilton

6-20-96

(904) 786-5652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (3/96)