

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091182

1. Entity Name

JOHN'S CONSTRUCTION OF FRANKLIN COUNTY, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90056 002 ***150.00

Principal Place of Business

Mailing Address

104 W HWY 98
CARRABELLE FL 32322
US

P O DRAWER JJ
CARRABELLE FL 32322-1235
US

2. Principal Place of Business

502 NW F Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Carrabelle, Florida

City & State

Zip

32322

Country

Franklin

Country

4. FEI Number

59-3361660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEWITT, LINDA J

~~104 W HWY 98~~ 502 N.W. F. Ave.

P O DRAWER JJ

CARRABELLE FL 32322

7. Name and Address of New Registered Agent

Name

Linda J. Hewitt

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

502 NW F Avenue

City

Carrabelle,

FL

Zip Code
32322

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Linda J. Hewitt

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HEWITT, LINDA J**
STREET ADDRESS **POST OFFICE DRAWER JJ N/A**
CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 or 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:

Linda J. Hewitt Linda J. Hewitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

850-697-2376

Daytime Phone #

CR2E034 (9/99)