

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091182

1. Entity Name

JOHN'S CONSTRUCTION OF FRANKLIN COUNTY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90234 010 ***150.00

749492



DO NOT WRITE IN THIS SPACE

Principal Place of Business

502 NW F AVENUE
CARRABELLE FL 32322
US

Mailing Address

P O DRAWER JJ
CARRABELLE FL 32322
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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
502 NW F AVENUE
CARRABELLE FL 32322

7. Name and Address of New Registered Agent

Name

Linda C. 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 C. Hewitt

Linda C. Hewitt

4-18-01

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, 2001 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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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 **D** ☒ Change ☐ Addition
NAME **Linda C. Hewitt**
STREET ADDRESS **Post Office Drawer JJ**
CITY-ST-ZIP **Carrabelle, Florida 32322**

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

TITLE ☐ Change ☐ Addition
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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 C. Hewitt

Linda C. Hewitt

4/18/01 850-697-2376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)