

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91221 043 \*\*\*150.00

<b>DOCUMENT #</b> P95000091182	
<b>1. Entity Name</b> JOHN'S CONSTRUCTION OF FRANKLIN COUNTY, INC.	

**DO NOT WRITE IN THIS SPACE**

**11005608**

<b>2. Principal Place of Business</b> Suite, Apt. #, etc. 502 N.W. F Avenue City & State CARRABELLE FL Zip 32322 Country U.S.	<b>3. Mailing Address</b> Suite, Apt. #, etc. Post Office Drawer JJ City & State Carrabelle, FL Zip 32322 Country U.S.
-------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3361660		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>7. Name and Address of Current Registered Agent</b>		
Name Hewitt, Linda J.		
Street Address (P.O. Box Number is Not Acceptable) 502 N.W. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Vice President, Treasurer Hewitt, Linda J. Post Office Drawer JJ Carrabelle, FL 32322	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	President, Secretary Add Hewitt, John Post Office Drawer JJ Carrabelle, FL 32322	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

**12. 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 10 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

Date

Daytime Phone #

850-697-2376