FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010177 (9)

J.L. HAWKINS CONTRACTING, INC.

FILED Apr 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
2901 OAK DR 2801 OAK DR						
WEST PALM BEACH FL 33406		WEST PALM BEACH FL 33406		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	7.02
					01/29/1996	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0682904	Not Applicable
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	'	8. This corporation owes or has paid the curre	ent year Intangible
24	25	[29] [30	0			Yes 🗌 No
					10. Name and Address of New Registered A	gent
HAWKINS, JERRY L			81	Name		
2801 OAK DR			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33406			63			
			84	Carr		Ten Tip Code
			64	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 Signature, typed or printed name of registered agent and late of applicable (NOTE: Registered Agent signature required when reinstaling) DATE						
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	HAWKINS, JERRY L		1.2 NAME			
STREET ADDRESS	2801 OAK DR		1.3 STREET	ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 3340	06	1.4 CITY - S	T- ZIP		j
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME	HAWKINS, DEBBE C		2.2 NAME	-		
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 3340		2. 4 CITY - 3	ST-ZIP		
TITLE		DELETE	3.1 TITLE	1		Change C Addition
NAME			3.2 NAME]		
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-S1-ZIP	<u> </u>		3.4. CITY-5	ST-ZIP		
TITLE	1	☐ DELETE	4.1 TITLE	l	i	Change Addition
NAME			4. 2 NAME	İ		ļ
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	1-21P		12.
TITLE	1	L. DELETE	5.1 TITLE	- 1	Ĺ	Change Addition
NAME			5.2 NAME	- 1		
STREET ADDRESS			5.3 STREET	I		
CITY-ST-ZIP		1	5.4 CITY - S	T-ZIP		100
TITLE		☐ DELETE	6.1 TITLE	- 1	ι	Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP			6.4 CITY - S	T-ZIP		

Thereby 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 annual report or suppliemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

NATURE: & Servis L. Hewk

211Klay 561/305-3618

2E034 (10/97)