2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000010177 **DOCUMENT #**

1. Entity Name

J.L. HAWKINS CONTRACTING, INC.



FILED Mar 05, 2003 8:00 am § Secretary of State

03-05-2003 90072 027 ***150.00

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City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Size and Address of Current Registered Agent Name 6. Name and Address of Current Registered Agent Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in th	2. Principal Place of Business				3. Mailing Address							
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2. 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	12. I hereby o	ertify that the	information supplied with	this filina	does not qualify for	the exen	nption stated in S	Section	119.07(3)(i), Florida Statutes. I	further cert	fy that the in	formation

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR TRINTED NAME OF SIGNING OFFICER OR DIRECTOR