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FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000056999 (1)

1. Corporation Name

JJ'S CONSTRUCTION COMPANY OF NORTH FLORIDA, INC.



Principal Place of Business

RT. 2 BOX 4210  
JENNINGS FL 32053

Mailing Address

RT. 2 BOX 4210  
JENNINGS FL 32053-0458

2. Principal Place of Business

21 8170 NW 34th Trail

Suite, Apt. #, etc.

22 City & State

23 Jennings, FL

Zip

24 32053

Country

25 USA

2a. Mailing Address

26 8170 NW 34th Trail

Suite, Apt. #, etc.

27 City & State

28 Jennings, FL

Zip

29 32053

Country

30 USA

3. Date Incorporated or Qualified

07/08/1996

3a. Date of Last Report

4. FEI Number

59-3415351

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☐ No

9. Name and Address of Current Registered Agent

JONES, JONATHAN  
RT. 2 BOX 4210  
JENNINGS FL 32053

10. Name and Address of New Registered Agent

81 Name

Jonathan Jones

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

8170 NW 34th Trail

83

84 City

Jennings

FL

85 Zip Code

32053

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME JONES, JONATHAN  
STREET ADDRESS RT. 2 BOX 4210  
CITY-ST-ZIP JENNINGS FL 32053

TITLE ☐ DELETE

S  
NAME JONES, TAMMY M  
STREET ADDRESS RT. 2 BOX 4210  
CITY-ST-ZIP JENNINGS FL 32053

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Jason Jones

1.3 STREET ADDRESS P.O. Box 85

1.4 CITY-ST-ZIP Jasper, FL 32053

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental 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 on an attachment with an address.

SIGNATURE: Jonathan M. Jones Tammy M. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97 (904) 922-3492

Date

Daytime Phone #

0018140

CR2E034 (9/96)