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 # P97000010024 (2)

J.V. CUSTOM CONSTRUCTION, INC.

Mailing Address Principal Place of Business

FILED Apr 20 1998 8:00am Secretary of State



1 Till Olpai Frace of Dusiliess		maning A	Maning Address			į	
205 NORTH WOODLAND BOULEVARD DELAND FL 32720			205 NORTH WOODLAND BOULEVARD DELAND FL 32720			DO NOT WRITE IN THIS COACE	
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						01/31/1997	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For	
21		26	 - 			59-3426 68 Not Applicable	
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
Çity & State		City &	City & State			8. Election Campaign Financing \$5.00 May Be	
23 / 1		28				Trust Fund Contribution Added to Fees	
4 β,	Country Zip		Country		,	8. This corporation owes or has paid the current year Intangible	
24	25	29	[30		Personal Property Tax due June 30. 🖊 Yes 🔲 No	
	, Name and Address of Curre	nt Registered A			• • • • • • • • • • • • • • • • • • • •	10. Name and Address of New Registered Agent	
AMERII	AWYER CHARTERED			81	Name		
1 10 10 10 10	MERIA AVENUE						
CORAL GABLES FL 33134				82	82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL	. GABLES FL 33134			83			
				63			
				84	City	85 Zip Code	
				;	· ·	 	
11. Pursuant to the	provisions of Sections 607,050	02 and 6 07. 1 508	3, Florida Statutes	s, the above	e-named i	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
agent. I am fai	miliar with, and accept the oblig	etions of, Section	n change was au on 607.0505, Flor	itnorizea by ida Statutes	r trie corp 3.	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE							
	lure, lyped or printed name of registered ag-	ent and the Papplicat	ik (NOTE	Registered Age	nt signature i	required when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD		DELETE	1.1 TITLE		Change Addition	
NAME H	IODGES, JOSEPH			1.2 NAME			
STREET ADDRESS 205 NORTH WOODLAND BOULEVARD				1.3 STREET	ADODESS		
CITY-ST-ZIP DELAND FL 32720							
TITLE	CO THE OF IE		DELETE	1.4 CiTY - S 2.1 TITLE	1- ZJF	Change Addition	
				1		C Change D Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET			
CITY-ST-ZIP			Clouese	2. 4 CITY - 9	· · · · · · · · · · · · · · · · · · ·	, ia	
TITLE			☐ DELETÉ	3.1 TITLE •			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY - S	T-ZIP		
TITLE			DELETE	4.1 TITLE		Change Addition	
NAME				4. 2 NAME	- !		
STREET ADDRESS				43 STREET	ADDRESS		
CITY-ST-ZIP				44 CITY-S			
TITLE			DELETE	51 TITLE		☐ Change ☐ Addilla	
NAME				5.2 NAME		D km D syl	
					*DDDCCO	Change Addition	
STREET ADDRESS				5.3 STREET		√ /'	
CITY-ST-ZIP			DELETE	5.4 CITY - S	T-ZIP		
TITLE			☐ DELET E	6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME		900002494339 -04/21/9801009003	
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-ZIP				6.4 CITY - ST	T-ZIP	***150.00	

14. 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 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 received 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 attack third that my name address.