## 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 #**1. Corporation Name P97000019926 (9)

JAMAR CONSTRUCTION INDUSTRIES, INC.

## **FILED** Apr 16 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |                  |        |                                 |                     |                        |            |                 | - I NEONIOUN KIR KOUST KOOMI DONIN OOKIN OOKIN NEKON NICHO JOHER VONTO TIONO OEKIN EEDI |   |  |  |
|---|------------------|--------|---------------------------------|---------------------|------------------------|------------|-----------------|---|---|--|--|
| 3145 BUNNY RUN DRIVE N 3145 BUNNY RUN DRIVE N FORT MYERS FL 33917 FORT MYERS FL 33917 |                  |        |                                 |                     |                        |            |                 |   | DO NOT WRITE IN THIS SPACE  |  |  |
| Ì   |                  |        |                                 |                     |                        |            |                 |   |   | 3. Date Incorporated or Qualified  |  |
|   |                  |        |                                 |                     |                        |            |                 |   |   | 03/04/1997   |  |
| 2. Principal P  | lace of Busin    | ness   |                                 | 2a. Mailing Address |                        |            |                 |   |   | 4. FEI Number Applied For  |  |
| 21  |                  |        |                                 |                     | 26                     |            |                 |   |   | 65-0733753 Not Applicable  |  |
| Suite, Apl  | #, etc.          |        |                                 | Suite, Apt. #, etc. |                        |            |                 |   |   | Certificate of Status Desired     Status Desired     Status Desired      |  |
| 22  |                  |        |                                 | 27                  |                        |            |                 |   |   | Fee Required   |  |
| City & State  | 6                |        |                                 | <u> </u>            | City & State           |            |                 |   |   | 6. Election Campaign Financing \$5.00 May Be                             |  |
| Zip   |                  | Γ      | Country                         | 28                  | <b>Z</b> ip            | T          |                 |   |   | Trust Fund Contribution Added to Fees                                    |  |
| 24  |                  |        | Codinity                        | 29 30               |                        |            | ountry          | y   |   | 8. This corporation owes or has paid the current year Intangible         |  |
| 24 25 9. Name and Address of Current  |                  |        |                                 |                     |                        |            |                 |   | Personal Property Tax due June 30. Yes X No  10. Name and Address of New Registered Agent |  |  |
| 101   |                  |        |                                 |                     |                        |            | 81              |   |   |  |  |
| JOHNSON, JAMES D<br>3145 BUNNY RUN DRIVE N  |                  |        |                                 |                     |                        |            |                 |   |   |  |  |
|   |                  |        |                                 |                     |                        |            | 82              | Stree   | et Address (P.O. Box Number is Not Acceptable)  |  |  |
| FORT MYERS FL 33917   |                  |        | 33917                           |                     |                        |            |                 |   |   |  |  |
|   |                  |        |                                 |                     |                        |            | 83              | l   |   |  |  |
|   |                  |        |                                 |                     |                        | 84         | City            |   | FL 85 Zip Code  |  |  |
| 11. Pursuant  | to the provis    | ions   | of Sections 607.0502            | and 6               | 07.1508, Florida Statu | tes. the   | abov            | l<br>e-name   | d corpo   | ration submits this statement for the purpose of changing its registered |  |
| office or re  | egistered ac     | ent,   | or both, in the State of        | Flori               | da. Such change was    | authoriz   | ed by           | the co  | rporatio  | on's board of directors. I hereby accept the appointment as registered   |  |
| 1   | , ii tarimaa v   | ,      | na accept the obligation        | J113 U              | 1, Section 607.0303, F | onua si    | atuto           | <b>5</b> .  |   |  |  |
| SIGNATURE   | Signature, typed | or pri | nted name of registered agent i | nd tille            | il applicable (NO      | TE Registe | red Age         | ent signatu   | re required   | d when reinstating) DATE   |  |
| 12.   | ,                |        | OFFICERS AND I                  | DIRE                |                        | 13         |                 |   |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |  |
| THTLE   | D                |        |                                 |                     | ☐ DELETE               | 1.1        | TITLE           |   | P   | Change   |  |
| NAME  |                  |        | James D                         |                     |                        | 1.2        | NAME            |   | 1.5   | AMES D. JOHNSON<br>145 BUNNY RUW DR                                      |  |
| STREET ADDRESS  |                  |        | y run drive n                   |                     |                        | 1.3        | STREET          | ADDRESS   | 1 -   |  |  |
| CITY-ST-ZIP   | FORT M           | YER    | S FL 33917                      |                     |                        | 1.4        | CITY-S          | T-ZIP   | Fo  | UNT MYERS, FL 33917  |  |
| TITLE   |                  |        |                                 |                     | ☐ DELETE               | 2.1        | TITLE           |   | I V   | LI Change Par Addition   |  |
| NAME  |                  |        |                                 |                     |                        | 2.2        | NAME            |   | 14  | ARK T. BROWN   |  |
| STREET ADDRESS  |                  |        |                                 |                     |                        | 2.3        | STREET          |   |   | 719 ANDOVER  |  |
| CITY-ST-ZIP   |                  |        |                                 |                     |                        |            | 2.4 CITY-ST-ZIP |   | FI  | T. MYERS, EL 33907   |  |
| TITLE   |                  |        |                                 |                     | ☐ DELETE               | 4          | TITLE           |   |   | Change Addition  |  |
| NAME  |                  |        |                                 |                     |                        |            | NAME            |   |   |  |  |
| STREET ADDRESS  |                  |        |                                 |                     |                        | 3.3        | STREET          | ADDRESS   |   |  |  |
| CITY-ST-ZIP   |                  |        |                                 |                     | Decree                 |            | CITY-           | ST-ZIP  | <del> </del>  |  |  |
| TIFLE   |                  |        |                                 |                     | ☐ DELETE               |            | TITLE           |   |   | ☐ Change ☐ Addition  |  |
| NAME  |                  |        |                                 |                     |                        |            | NAME            |   |   |  |  |
| STREET ADDRESS  |                  |        |                                 |                     |                        |            |                 | ADDRESS   | 1   |  |  |
| CITY - ST - ZIP   |                  |        |                                 |                     | Deserte                |            | CITY-S          | T - ZIP   | ↓   |  |  |
| TITLE   |                  |        |                                 |                     | DELETE                 |            | TITLE           |   |   | Change Addition  |  |
| NAME  |                  |        |                                 |                     |                        |            | NAME            |   |   |  |  |
| STREET ADDRESS  |                  |        |                                 |                     |                        |            |                 | ADDRESS   |   |  |  |
| CITY ST-ZIP   |                  |        |                                 |                     | Brieve                 | _          | CITY-S          | T-ZIP   | 4   |  |  |
| TITLE   |                  |        |                                 |                     | DELETE                 |            | TITLE           |   |   | ☐ Change ☐ Addition  |  |
| NAME  |                  |        |                                 |                     |                        |            | NAME            |   |   |  |  |
| STREET ADDRESS  |                  |        |                                 |                     |                        |            |                 | EET ADDRESS   |   |  |  |
| CHTY-ST-ZIP   |                  |        |                                 |                     |                        | 6.4        | CITY-S          | T-ZIP   | 1   |  |  |

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 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 chapand, or on an attachment with enhancement of the corporation of the corpo

4-12-98

941-656-0743