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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000014190

1. Corporation Name

JACKSON & VALENCIA CARPENTRY CONTRACTORS, INC.

			,				
Principal Pla	ice of Business	Mailing Address				alde lidit Asaat itala i	
2327 MERRIL		P. O. BOX 76052					
SEFFNER FL 33584 ST. PETERSBURG FL 33734							
					DO NOT WRITE IN T	HIS SPACE	
					Date Incorporated or Qualifed		
					02/12/1998		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		26			59-3491141		t Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	mana		5. Certificate of Status Desired	\$8.75 A	
City & St	ate	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year	r Intangible ,	
24	25	29 3	0		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curre	ant Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			1
	LENCIA, LOU B.		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
2327 MERRILY CIRCLE S.			102	Street Addit	ess (F.O. Box Maillost is Mot Acceptable)		1
SE	FFNER FL 33584	-	83				
			- 1	1			
	•		├				
11. Pursuar	nt to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	84 , the abov	e-named com	oration submits this statement for the purpos	FL 85 Zip (registered
office o	r registered agent, or both, in the Stat am familiar with, and accept the oblig ⊱	e of Florida. Such change was aut gations of, Section 607.0505, Floric	, the abov horized by la Statutes	re-named corp	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its ppointment as req	registered
office of agent. I	r registered agent, or both, in the Stat am familiar with, and accept the oblig E Signature, typed or printed name of registered as	e of Florida. Such change was aut gations of, Section 607.0505, Floric	, the abov horized by la Statutes	re-named corp the corporations.	oration submits this statement for the purpos on's board of directors. I hereby accept the a	F L	registered gistered
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office or agent. I SIGNATUR: 12. TITLE NAME STREET ADDRES	r registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A PT JACKSON, LAWRENCE H 2327 MERRILY CIRCLE S.	e of Florida. Such change was autigations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R NND DIRECTORS	is, the above horized by la Statutes Registered Ages 13. 1.1 TITLE 1.2 NAME 1.3 STREE	re-named corporations. Interpretation of the corporations of the corporations of the corporation of the cor	oration submits this statement for the purpos on's board of directors. I hereby accept the a d when reinstating)	FL	registered gistered
office or agent. I SIGNATUR: 12. TITLE NAME STREET ADDRES CITY- ST-ZIP	r registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A PT JACKSON, LAWRENCE H 2327 MERRILY CIRCLE S. SEFFNER FL 33584	e of Florida. Such change was autigations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R NND DIRECTORS	tegistered Age 13. 1.1 TITLE 1.2 NAME	re-named corporations. Interpretation of the corporations of the corporations of the corporation of the cor	oration submits this statement for the purpos on's board of directors. I hereby accept the a d when reinstating)	FL	registered gistered
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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 of trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on all attachment with advaddress, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TILE

NAME

□ DELETE

☐ Change

☐ Addition

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90063 042 ***150.00