

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90066 025 \*\*\*150.00

DOCUMENT # P98000055796

1. Corporation Name  
JENKINS CONSTRUCTION, INC. IV

Principal Place of Business C/O MORROCA H. JENKINS 11500 NORMANDY BLVD JACKSONVILLE FL 32221	Mailing Address C/O MORROCA H. JENKINS 11500 NORMANDY BLVD JACKSONVILLE FL 32221
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified  
06/23/1998

4. FEI Number  
59-3521589  
Applied For  
Not Applicable

5. Certificate of Status Desired  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution  
\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.  
 Yes  No

9. Name and Address of Current Registered Agent

JENKINS, MORROCA H  
11500 NORMANDY BLVD  
JACKSONVILLE FL 32221

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City FL	85	Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, MORROCA H 4879 VICTORIA CHASE CT JACKSONVILLE FL 32257	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP Jenkins, Kenny M. 4879 Victoria Chase Ct Jacksonville, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S Jenkins, Morroca H. 4879 Victoria Chase Ct Jacksonville, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T Jenkins, Marcus A. 4879 Victoria Chase Ct. Jacksonville, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

*Morroca H. Jenkins, President*

1/25/99

(904) 781-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)