

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055796

Entity Name
ENKINS CONSTRUCTION, INC. IV

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90121 015 ***150.00

Principal Place of Business
C/O MORROCA H. JENKINS
1500 NORMANDY BLVD
JACKSONVILLE FL 32221

Mailing Address
C/O MORROCA H. JENKINS
11500 NORMANDY BLVD
JACKSONVILLE FL 32221



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 59-3521589		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JENKINS, MORROCA H 11500 NORMANDY BLVD JACKSONVILLE FL 32221				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Florida on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D JENKINS, MORROCA H 3662 MOSSWOOD COURT JACKSONVILLE FL 32223			
VP JENKINS, KENNY M 4879 VICTORIA CHASE COURT JACKSONVILLE FL 32257	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S JENKINS, MORROCA H 3662 MOSSWOOD COURT JACKSONVILLE FL 32223	<input type="checkbox"/> Delete	4866 Victoria Chase Court Jacksonville, FL 32257	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T JENKINS, MARCUS A 4879 VICTORIA CHASE COURT JACKSONVILLE FL 32257	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Morroca H. Jenkins, Pres* Morroca H. Jenkins, President February 4, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)