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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90101 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000083872

1. Corporation Name

JEFF ROBINSON CONSTRUCTION, INC.

Principal Place of Business

259 WEST 15TH STREET
PANAMA CITY FL 32402

Mailing Address

259 WEST 15TH STREET
PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1998

4. FEI Number

59-3535354

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

ROBINSON, JEFFREY LYNN
259 WEST 15TH STREET
PANAMA CITY FL 32402

10. Name and Address of New Registered Agent

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

Robinson Jeffrey Lynn (Pres)

(NOTE: Registered agent signature required when re-registering)

4/29/99

12. PRESIDENT OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Jeffrey Lynn Robinson
4001 Crystal Lake Dr
Chipley FL 32428☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vice President
Jeffrey Lynn Robinson☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Secretary
Jeffrey Lynn Robinson☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Treas.
Jeffrey Lynn Robinson☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

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:

Jeffrey Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/29/99

850-769-7743

CR2E034 (1/98)