2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 11, 2004 8:00 am Secretary of State DOCUMENT # P99000043227 JIMMY LEE CONSTRUCTION, INC. 03-11-2004 90022 013 ***150.00 Principal Place of Business Mailing Address 4593 WANDERING OAKS COURT 4593 WANDERING OAKS COURT JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3577697 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, DANIELE LEE Street Address (P.O. Box Number is Not Acceptable) 4593 WANDERING OAKS COURT JACKSONVILLE, FL 32257 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Channe ☐ Addition LEE, JAMES D NAME STREET ADDRESS 4593 WANDERING OAKS COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ROBERTS, DANIELE LEE NAME NAME STREET ADDRESS 4593 WANDERING OAKS COURT STREET ADDRESS CITY - ST- ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP TITLE M-Delete TITLE --- Change --- Addition NAME ALLEN, LAWRENCE NAME STREET ADDRESS 4593 WANDERING OAKS COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-7IP TITLE **Delete** TITLE ☐ Change ☐ Addition NAME SHARP, LARRY

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME

TITLE

NAME

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SIGNATURE:

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

4593 WANDERING OAKS CT

3 WANDERING DAKE G

JACKSONVILLE, FL 32257

Change

☐ Change

☐ Addition

Addition

FILED