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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S50793** (6)

1. Corporation Name

**PACIFIC CONTRACTING, INC.**

Principal Place of Business

**1105 HALIFAX ROAD  
JACKSONVILLE FL 32216**

Mailing Address

**1105 HALIFAX ROAD  
JACKSONVILLE FL 32216**



2. Principal Place of Business

2a. Mailing Address

21 **380 TIDEWATER DR.**

26 **380 TIDEWATER DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **JACKSONVILLE, FL.**

28 **JACKSONVILLE, FL.**

Zip

Country

Zip

Country

24 **32211**

25 **USA**

29 **32211**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORRESTER, MARK W**

**1105 HALIFAX ROAD  
JACKSONVILLE FL 32216**

**380 TIDEWATER DR.  
JACKSONVILLE, FL 32214**

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

*MARK W. FORRESTER* **MARK W. FORRESTER PRES.**

**3-13-96**

Signature of registered agent and the corporation (NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **P FORRESTER, MARK W**  
STREET ADDRESS **1105 HALIFAX ROAD**  
CITY-STATE-ZIP **JACKSONVILLE FL**

1.2 NAME **380 TIDEWATER DR**  
1.3 STREET ADDRESS **JACKSONVILLE, FL 32211**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VP JOHNSON, WINGO C**  
STREET ADDRESS **2887 SEANWOOD AVENUE**  
CITY-STATE-ZIP **JACKSONVILLE FL**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **S FORRESTER, JENNIFER L**  
STREET ADDRESS **1105 HALIFAX ROAD**  
CITY-STATE-ZIP **JACKSONVILLE FL**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **T FORRESTER, JOSEPH M**  
STREET ADDRESS **1105 HALIFAX ROAD**  
CITY-STATE-ZIP **JACKSONVILLE FL**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MARK W. FORRESTER* **MARK W. FORRESTER PRESIDENT**

**3-13-96**

DATE

**904-725-2183**

Daytime Phone #

CR2E034 (12/95)