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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S86318** **(0)**

1. Corporation Name
CONSTRUCTION PROFESSIONALS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
4828 JULINGTON CREEK ROAD JACKSONVILLE FL 32258	4828 JULINGTON CREEK ROAD JACKSONVILLE FL 32258-2116

3. Date Incorporated or Qualified: 10/09/1991
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business
21 8701 Phillips Hwy
22 Suite, Apt. #, etc. Suite 103
23 City & State Jax FL
24 Zip 32259 25 Country Duval

2a. Mailing Address
26 1934 Grove Bluff Cir W
27 Suite, Apt. #, etc.
28 City & State Jax, FL
29 Zip 32259 30 Country St. Johns

4. FEI Number: 59-3094223 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NIPPER, JAMES L.
200 WEST FORSYTH ST.
SUITE 1004
JACKSONVILLE FL 32202

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	SAME	~~☐ Change~~ ☐ Addition
NAME	ENSZ, RICHARD L.		1.2 NAME		
STREET ADDRESS	4828 JULINGTON CREEK RD.		1.3 STREET ADDRESS	1934 Grove Bluff Cir W	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jax FL 32259	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RONK, RICHARD		2.2 NAME		
STREET ADDRESS	6004 CLIFTON AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE	SAME	~~☐ Change~~ ☐ Addition
NAME	ENSZ, LORRAINE		3.2 NAME		
STREET ADDRESS	4828 JULINGTON CREEK RD		3.3 STREET ADDRESS	1934 Grove Bluff Cir W	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jax., FL 32259	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Lorraine Ensz 3/26/97 904 7339004