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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S86318

1. Corporation Name
CONSTRUCTION PROFESSIONALS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
1934 GROVE BLUFF CIRC W JACKSONVILLE FL 32259 US	1934 GROVE BLUFF CIR W JACKSONVILLE FL 32259 US

DO NOT WRITE IN THIS SPACE

3. *Date Incorporated or Qualifed*: 10/09/1991

2. Principal Place of Business	2a. Mailing Address
21 1942 Grove Bluff Cir W	26 P.O. Box 600253
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Same	28 City & State: Jacksonville, FL
24 Zip: Same 25 Country	29 Zip: 32260 30 Country: US

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

5. *Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NIPPER, JAMES L. 200 WEST FORSYTH ST. SUITE 1004 JACKSONVILLE FL 32202	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ENSZ, RICHARD L.		1.2 NAME	Same	
STREET ADDRESS	1934 GROVE BLUFF CIR W		1.3 STREET ADDRESS	1942 Grove Bluff Cir W	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Same	
TITLE	ST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ENSZ, LORRAINE		2.2 NAME	Same	
STREET ADDRESS	1934 GROVE BLUFF CIR W		2.3 STREET ADDRESS	1942 Grove Bluff Cir W	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Same	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
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		

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: Lorraine L Ensz 1/31/99 9042875027
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)