FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V30932 (0)

1. Corporation Name
JACC BUILDERS, INC.

Principal Place of Business
395 POINSETTIA CT
ATLANTIC BEACH FL 32233

Mailing Address
395 POINSETTIA CT
ATLANTIC BEACH FL 32233

JACC395 322332669 1694 01/09/95
NOTIFY SENDER OF NEW ADDRESS
JACC BUILDERS
303 6TH ST
ATLANTIC BEACH FL 32233-5347

24 Zip: 32233	25 County: Duval	29 Zip: 32233	30 County: Duval

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3119916 ☐ 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

NOE, WILLIAM G JR
599 ATLANTIC BLVD
SUITE 6
ATLANTIC BEACH FL 32233

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	WOODS, CAROLYN REUTER
STREET ADDRESS	395 POINSETTIA CT
CITY-ST-ZIP	ATLANTIC BEACH FL
TITLE	DVS
NAME	WOODS, JEFFREY COLE
STREET ADDRESS	395 POINSETTIA CT
CITY-ST-ZIP	ATLANTIC BEACH FL
TITLE	D
NAME	REUTER, CLIFFORD S III
STREET ADDRESS	517 CAMELIA LN
CITY-ST-ZIP	VERO BEACH FL
TITLE	D
NAME	REUTER, ANN BERT
STREET ADDRESS	517 CAMELIA LN
CITY-ST-ZIP	VERO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (blank; ☐ Change ☐ Addition)

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 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]* CAROLYN WOODS 4-17-95 904-241-8913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0019755 CP