

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000091276

Entity Name: HAL JONES CONTRACTOR, INC.**Current Principal Place of Business:**720 TALLEYRAND AVE
JACKSONVILLE, FL 32202**Current Mailing Address:**PO BOX 3257
JACKSONVILLE, FL 32206**FEI Number: 59-3476170****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SPEICHER, GLENN C
720 TALLEYRAND AVE
JACKSONVILLE, FL 32202 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DCB
Name	JONES, HAL LJR
Address	132 NORTH COVE DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DP
Name	HARRISON, DENNIS E
Address	3540 KINDLEWOOD DR
City-State-Zip:	MIDDLEBURG FL 32068

Title	VPTS
Name	SPEICHER, GLENN C
Address	455 OAK RIDGE TRAIL
City-State-Zip:	ST AUGUSTINE FL 32092

Title	VP
Name	JONES, III, HAL L
Address	3947 CATTAIL POND DRIVE
City-State-Zip:	JACKSONVILLE FL 32224

Title	VP
Name	KIRKLAND, PAUL C
Address	2988 OAK CREEK LANE
City-State-Zip:	JACKSONVILLE FL 32221

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLENN C. SPEICHER**TREASURER****02/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date