FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **381943** **(0)**

1. Corporation Name

GEORGE CAVALIER CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
77 ALLING ST. EXT. WEST HAVEN CT 06516	77 ALLING ST. EXT. WEST HAVEN CT 06516

3. Date Incorporated or Qualified: **05/11/1971**

3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **06-0879712** ☐ 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

ALBRECHT, DAVID F
3625 20 ST
2A
VERO BEACH FL 32960

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

Signature, typed or printed name of registered agent (if not applicable) (NOTE: If registered agent signature required, box must be checked)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CAPOBIANCO, THOMAS		1.2 NAME	
STREET ADDRESS	77 ALLING ST EYT		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST HAVEN CT		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CAVALIER, THOMAS C		2.2 NAME	
STREET ADDRESS	542 GOSPLE LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CT		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CAPOBIANCO, DOLORES M		3.2 NAME	
STREET ADDRESS	77 ALLING ST EXT		3.3 STREET ADDRESS	
CITY-ST-ZIP	W HAVEN CT		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DEMELIO, RALPH		4.2 NAME	
STREET ADDRESS	1 COVE BROOK RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTHAVEN CT		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CAVALIER, MARILYN I		5.2 NAME	
STREET ADDRESS	542 GOSPLE LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE, COMM		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DEMELIO, JOHANNA C		6.2 NAME	
STREET ADDRESS	1 COVE BROOK RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTHAVEN CT		6.4 CITY-ST-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)(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: Debra M. Capobianco 5/17/96 203-934-5611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)