

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:21

DOCUMENT # **422088** (5)

1. Corporation Name
DE PLONTY CONSTRUCTION, INC.

Principal Place of Business Mailing Address
5656 BERMONT RD **5656 BERMONT RD**
PO BOX 309 **PO BOX 309**
PUNTA GORDA FL 33951-0309 **PUNTA GORDA FL 33951-0309**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/27/1973** 3a. Date of Last Report **07/25/1994**

4. FEI Number **59-1501038** 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

2. Principal Place of Business 2a. Mailing Address
21 **28200 Bermont Road** 26

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **P. O. Box 309** 27

City & State City & State
23 **Punta Gorda, Florida** 28

Zip Country Zip Country
24 **33951-0309** 25 **Country** 29 **Country** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE PLONTY, DUANE E.
3852 SPY GLASS HILL RD.
SARASOTA FL 33583

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4430 Staghorn Lane
83
84 City **Sarasota** FL 85 Zip Code **34238**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	DEPLONTY, JOAN J
STREET ADDRESS	3852 SPY GLASS HILL RD.
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	PD
NAME	DEPLONTY, DUANE E
STREET ADDRESS	3852 SPY GLASS HILL RD.
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4430 Staghorn Lane
1.4 CITY - ST - ZIP	Sarasota, FL 34238
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4430 Staghorn Lane
2.4 CITY - ST - ZIP	Sarasota, FL 34238
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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: *Duane E DePlonty* Duane E DePlonty
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/95
DATE

813-639-0663
TELEPHONE NUMBER