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 APR 13 PM 2:15

DOCUMENT # **486895** **(6)**

1. Corporation Name
MATULAY'S CONTRACTORS SUPPLY & EQUIPMENT, INC.

Principal Place of Business	Mailing Address
NT. INC. 2010 SEWARD AVE. NAPLES FL 33942	NT. INC. 2010 SEWARD AVE. NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1975
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-1634231 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 | Country — 25 | Zip — 29 | Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MATULAY, BRUCE
2010 SEWARD AVE
NAPLES FL

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 and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MATULAY, FRED	12 NAME		
STREET ADDRESS	4551 GULF SHORE BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000	14 CITY-ST-ZIP	33940	
TITLE	TSD	21 TITLE	Sec - Dir	☒ Change ☐ Addition
NAME	MATULAY, BRUCE	22 NAME		
STREET ADDRESS	589 100TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000	24 CITY-ST-ZIP	33963	
TITLE	V	31 TITLE	Audrey C. Mincieli	☒ Change ☐ Addition
NAME	MATULAY, AUDREY C	32 NAME		
STREET ADDRESS	2010 SEWARD AVE	33 STREET ADDRESS	666 103rd Ave.	
CITY-ST-ZIP	NAPLES, FL 00000	34 CITY-ST-ZIP	NAPLES, FL 33963	
TITLE		41 TITLE	TREAS - DIR	☐ Change ☒ Addition
NAME		42 NAME	Edward Matulay	
STREET ADDRESS		43 STREET ADDRESS	5049 28th Pl SW	
CITY-ST-ZIP		44 CITY-ST-ZIP	Naples FL 33999	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 Audrey C. Mincieli - Audrey C. Mincieli - 813-597-2091 — 3-07-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0329026 CP