

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAR 13 AM 10:28

**DOCUMENT # 816154 (9)**

1. Corporation Name  
**PERINI LAND AND DEVELOPMENT COMPANY**

Principal Place of Business: 801 VILLAGE BLVD., SUITE 303  
W. PALM BEACH FL 33409  
Mailing Address: 801 VILLAGE BLVD., SUITE 303  
W. PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1962  
3a. Date of Last Report: 03/28/1994  
4. FEI Number: 59-0974333  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

GETZ, THOMAS A.  
801 VILLAGE BLVD., SUITE 303  
WEST PALM BEACH FL 33409

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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 reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE: COO  
NAME: PERINI, BART  
STREET ADDRESS: 73 MT WAYTE AVE  
CITY-ST-ZIP: FRAMINGHAM MA

TITLE: AS  
NAME: KNOX, JOHN J.  
STREET ADDRESS: 801 VILLAGE BLVD., #303  
CITY-ST-ZIP: W PALM BEACH, FL 00000

TITLE: CEO  
NAME: SCHWARZ, JOHN H.  
STREET ADDRESS: 73 MT WAYTE AVENUE  
CITY-ST-ZIP: FRAMINGHAM, MA 00000

TITLE: VP  
NAME: GETZ, THOMAS A.  
STREET ADDRESS: 801 VILLAGE BLVD., #303  
CITY-ST-ZIP: W. PALM BEACH FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 110.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am a director, or on an attached list with an address.

**SIGNATURE:**

*Thomas A. Getz*  
SIGNATURE AND TITLE OF REGISTERED AGENT OR OFFICER OR DIRECTOR

THOMAS A. GETZ 2/24/95 (407) 684-5566