

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # J61707 (2)**

1. Corporation Name  
**LUKE BROTHERS, INC.**

95 JUN 12 11 01 AM '97

Principal Place of Business: **6415 CORONET DR NEW PORT RICHEY FL 34655**  
Mailing Address: **6415 CORONET DR NEW PORT RICHEY FL 34655**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/12/1987**  
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business: **7928 Congress Street**  
2a. Mailing Address: [Blank]

4. FEI Number: **59-2794794**  
Applied For:  Not Applicable

22. Suite, Apt. #, etc.: [Blank]

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

23. City & State: **Port Richey, FL**

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

24. City: **34668** 25. Country: **USA** 28. Zip: [Blank] 30. Country: [Blank]

7. This corporation has liability for intangible tax under s. 100.022, Florida Statutes:  Yes  No

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

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

**LUCADANO, DAVID J.  
6415 CORONET DR  
NEW PORT RICHEY FL 34655**

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

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 the # application

(NOTE: Registered Agent signature required when reissuing)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PS</b>
NAME	<b>LUCADANO, DAVID J.</b>
STREET ADDRESS	<b>6415 CORONET DR</b>
CITY ST ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	[Blank]
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY ST ZIP	[Blank]
TITLE	[Blank]
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY ST ZIP	[Blank]
TITLE	[Blank]
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY ST ZIP	[Blank]

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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	[Blank]
13 STREET ADDRESS	[Blank]
14 CITY ST ZIP	[Blank]
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	[Blank]
23 STREET ADDRESS	[Blank]
24 CITY ST ZIP	[Blank]
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	[Blank]
33 STREET ADDRESS	[Blank]
34 CITY ST ZIP	[Blank]
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	[Blank]
43 STREET ADDRESS	[Blank]
44 CITY ST ZIP	[Blank]
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	[Blank]
53 STREET ADDRESS	[Blank]
54 CITY ST ZIP	[Blank]
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	[Blank]
63 STREET ADDRESS	[Blank]
64 CITY ST ZIP	[Blank]

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)(k), 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 attached list with an address.

**SIGNATURE:**

*David Lucadano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/6/95 813-845-6382**  
Date (System Phone #)

CR2E034 (3/95)