

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **ADJUSTMENT/REVISION**

1. Corporation Name

Luke Brothers, Inc. **J161707**

Principal Place of Business: 7936 Congress, New Port Richey, FL. 34653
Mailing Address: 6415 Coronet Dr., New Port Richey, FL. 34655

2. Principal Place of Business: 21 7936 Congress, New Port Richey, FL. 34653
2a. Mailing Address: 26 6415 Coronet Dr., New Port Richey, FL. 34655
22 34653 U.S.
27 6415 Coronet Dr., New Port Richey, FL.
28 34655 U.S.

3. Date Incorporated or Qualified
3a. Date of Last Report
4. FEI Number: 59-2794794
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
David J. Lucadano
7234 Pursley Dr. Apt. D.
New Port Richey, FL. 34653

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: _____ (201) Registered Agent signature required over this line.

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|----------------------------|--|
| 11 TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | David J. Lucadano | |
| 13 STREET ADDRESS | 7234 Pursley Dr. Apt. D. | |
| 14 CITY-ST-ZIP | New Port Richey, FL. 34653 | |
| 21 TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | Peter Lucadano | |
| 23 STREET ADDRESS | 4129 Wood Trail Blvd. | |
| 24 CITY-ST-ZIP | New Port Richey, FL. 34655 | |
| 31 TITLE | Controller | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | Christopher M. Wick | |
| 33 STREET ADDRESS | 12608 Woodbine Dr. | |
| 34 CITY-ST-ZIP | Bayonet Point, FL. 34667 | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | 200001888762 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | -07/10/96--01008--022 | |
| 53 STREET ADDRESS | ***61.25 | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Christopher M. Wick* 6/27/96 (813) 845-6382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)