

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janice B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
250
1995

DOCUMENT # **264869** (9)
FORT MYERS CONSTRUCTION CO., INC.

53 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **255 ALHAMBRA CIRCLE, 9TH FLOOR
CORAL GABLES FL 33134-5102**
Mailing Address: **255 ALHAMBRA CIRCLE, 9TH FLOOR
CORAL GABLES FL 33134-5102**

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/28/1962 | 3a. Date of Last Report 04/20/1994 |
| 4. FEI Number 59-1026462 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation has liability for admissible tax credits § 199 (3)(2), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. State Apt # etc | 26. State Apt # etc |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 30. Country |

9. Name and Address of Current Registered Agent

**KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE, 9THH FLOOR
CORAL GABLES FL 33134**

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 607.01(1) and 607.01(2)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (or registered agent) in part to the State of Florida. Such change was authorized by the corporation's board of directors, if they adopted the appointment of registered agent. I am familiar with and I accept the obligations of the terms of the Florida Statutes.

SIGNATURE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS | |
|----------------------------|--|--|---|
| OFFICER | PD GETMAN, DENNIS J. 255 ALHAMBRA CIR. CORAL GABLES FL | 1. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER | SD KERRIGAN, JUANITA I. 255 ALHAMBRA CIR. CORAL GABLES FL | 2. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER | TVD MCNAIRY, CHARLES 255 ALHAMBRA CIR. CORAL GABLES FL | 3. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER | V YANOPOULOS, JOHN J. 255 ALHAMBRA CIR. CORAL GABLES FL | 4. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 6. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY | | 7. CITY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE | | 8. STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ZIP | | 9. ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the corporation stated in Section 11(1)(2) of the Florida Statutes. Further, I certify that the information included 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 personally. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or on an attachment with an address.

SIGNATURE: *Juanita J. Kerrigan* Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA J. KERRIGAN

4/20/95 (303) 442-7000