

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 277985 (8)

DI PRIMA CONSTRUCTION CORPORATION

Principal Place of Business
1199 S. PATRICK DR.
P.O. BOX 2595
SATELLITE BEACH FL 32907

Mailing Address
1199 S. PATRICK DR.
P.O. BOX 2595
SATELLITE BEACH FL 32907

FILED
JUL 12 1996
TORTOISE WAY
SATELLITE BEACH, FLORIDA

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation or Organization		3a. Date of Last Report	
21		26		01/30/1964		08/12/1994	
22		27		4. FEI Number		Applied For	
23		28		59-1160686		Not Applicable	
24		29		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
26		31		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.		[] Yes [] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DIPRIMA, JOSEPH 620 TORTOISE WAY SATELLITE BEACH FL 32937				01 Name			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				03			
				04 City			
				FL 05 Zip Code			

11. Pursuant to the provisions of Sections 607.01(2), and 607.01(3), 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 provisions of Sections 607.01(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	ST DIPRIMA, SHERI	1. NAME	SECRETARY TREAS LORE CUNNINGHAM
2. STREET ADDRESS	3420 N RIVERSIDE DRIVE	2. STREET ADDRESS	1199 SO PATRICK DR.
3. CITY	INDIAN LANTIC FL	3. CITY	SATELLITE BCH, FL 32937
4. NAME	PD	4. NAME	
5. STREET ADDRESS	DI PRIMA, JOSEPH	5. STREET ADDRESS	
6. CITY	620 TORTOISE WAY	6. CITY	
7. NAME	SATELLITE BCH FL	7. NAME	
8. NAME	VP	8. NAME	
9. STREET ADDRESS	DE PRIMA, ROSEANN	9. STREET ADDRESS	
10. CITY	1199 SO PATRICK DRIVE	10. CITY	
11. NAME	SATELLITE BCH FL	11. NAME	
12. NAME		12. NAME	
13. STREET ADDRESS		13. STREET ADDRESS	
14. CITY		14. CITY	
15. NAME		15. NAME	
16. STREET ADDRESS		16. STREET ADDRESS	
17. CITY		17. CITY	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY		20. CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that the quality for the corporation is stated in the best of my (our) best knowledge. I further certify that the information is stated in this annual report or supplementary annual report is true and accurate and that my (our) signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of the report or on an affidavit with my address.

SIGNATURE:

Joseph Di Prima
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph Di Prima

4-26-95

407-777-2500