FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY - ST - ZIP

Block 12 or Block 13 if changed, or or an attachment with an address

May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)277985 DI PRIMA CONSTRUCTION CORPORATION Principal Place of Business Mailing Address 1199 S. PATRICK DR. 1199 S. PATRICK DR. P.O. BOX 2595 P.O. BOX 2595 DO NOT WRITE IN THIS SPACE SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 3. Date Incorporated or Qualified 01/30/1964 2. Principal Place of Business 2a. Mailing Address FFI Number Applied For 21 26 59-1160686 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Ζφ Country This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes ☐ No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **DIPRIMA.JOSEPH 620 TORTOISE WAY** 82 Street Address (P.O. Box Number is Not Acceptable) **SATELLITE BEACH FL 32937** 83 **B4** City 85 Zip Code 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 prior at name of registered agent and title if applicable (NOTE: Begistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ST M, Chelle CHNNINGHAM LORI DELETE Change Addition TITLE 1.1 TITLE Puchain Michelle NAME 1.2 NAME 1199 S PATRICK STREET ADDRESS 1199 SO PATRICK DR 1.3 STREET ADDRESS BEACH 32437 CITY-ST-ZIP SATELLITE BCH FL 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition DI PRIMA, JOSEPH NAME 2.2 NAME **620 TORTOISE WAY** STREET ADDRESS 2.3 STREET ADDRESS SATELLITE BCH FL CITY-ST-ZIP 2. 4 City - St - ZiP DELETE Change Addition TITLE 3.1 TITLE NAME DE PRIMA, ROSEANN 3.2 NAME 1199 SO PATRICK DRIVE STREET ADDRESS 3 3 STREET ADDRESS SATELLITE BCH FL CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE VP. Change Addition TITLE 4.1 TITLE NAME 4 2 NAME DeMAR HAHN STREET ADDRESS 4.3 STREET ADDRESS 1199 SO PATRICK Drive CITY-ST-ZIP **2937** 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 C(1Y - ST - ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

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