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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 277985

1. Corporation Name
DI PRIMA CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
1199 S. PATRICK DR. P.O. BOX 2595 SATELLITE BEACH FL 32937	1199 S. PATRICK DR. P.O. BOX 2595 SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 01/30/1964

4. FEI Number: 59-1160686 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIPRIMA,JOSEPH
620 TORTOISE WAY
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PUCHALA, MICHELLE		1.2 NAME	
STREET ADDRESS	1199 SO PATRICK DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DI PRIMA, JOSEPH		2.2 NAME	
STREET ADDRESS	620 TORTOISE WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	DE PRIMA, ROSEANN		3.2 NAME	DiPrima, RoseAnn
STREET ADDRESS	1199 SO PATRICK DRIVE		3.3 STREET ADDRESS	1199 So Patrick Dr.
CITY-ST-ZIP	SATELLITE BCH FL		3.4 CITY-ST-ZIP	Satellite Beach FL 32937
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HAHON DEMAR		4.2 NAME	HAHN, DEMAR
STREET ADDRESS	1199 SO PATRICK DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL 32937		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph DiPrima April 30 1999 407-777-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #