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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 314616 (4)

1. Corporation Name

DON CAMPORA CONSTRUCTION COMPANY, INC.

Principal Place of Business

6335 S W GAINES AVE
STUART FL 34997

Mailing Address

6335 S W GAINES AVE
STUART FL 34997

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/13/1967

3a. Date of Last Report

04/26/1994

4. FEI Number

59-1164988

Applied For

Not Applicable

2. Principal Place of Business

21. 6435 S.E. Wild olive lane

2a. Mailing Address

26. 6435 SE Wild olive Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. STUART, FL.

27. STUART

City & State

City & State

23. Florida

28. FL

Zip

Zip

Country

Country

24. 34997

25. USA

29. 34997

30. USA

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

10. Name and Address of New Registered Agent

CAMPORA, DON L

6335 S W GAINES AVE - see above address

STUART FL 34997

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

CAMPORA, DOUGLAS L

STREET ADDRESS

3034 SE QUANSET CIRCLE

CITY - ST - ZIP

STUART FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

SD

NAME

CAMPORA, JEANNE

STREET ADDRESS

6335 S W GAINES AVE

CITY - ST - ZIP

STUART FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

6435 SE WILD OLIVE LANE

TITLE

VD

NAME

CAMPORA, DON L

STREET ADDRESS

6335 S W GAINES AVE

CITY - ST - ZIP

STUART FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

6435 SE WILD OLIVE LANE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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.

SIGNATURE:

Jeanne C. Campora

4/6/95

407-287-7536

JEANNE C. CAMPORA