FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **344999** **(8)**

1. Corporation Name
SCARBOROUGH CONSTRUCTORS, INC.

Principal Place of Business
S.R. #54 & SCARBOROUGH DR
LUTZ FL 33549
US

Mailing Address
PO BOX 7078
WESLEY CHAPEL FL 33543
US

3. Date Incorporated or Qualified: 04/22/1969
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1262251 ☐ Applied For ☐ Not Applicable

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**

BURCAW, FREDERICK, H.
S.R. #54 & SCARBOROUGH DRIVE
LUTZ FL 33549

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
(NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	S	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LUBANSKY, JANICE E		1.2 NAME	
STREET ADDRESS	664 HARBOR WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FELICE, DAVID M		2.2 NAME	
STREET ADDRESS	4258 GOLF CLUB LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BURCAW, FREDERICK H		3.2 NAME	
STREET ADDRESS	1487 STURBRIDGE CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LYONS, EDWARD J		4.2 NAME	
STREET ADDRESS	1859 FOREST WOOD DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000		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	

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)(k), 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: Edward J Lyons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward J. Lyons

1-12-95
Date

813-973-7553
Daytime Phone #

CR2E034 (12/95)