

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4:14

DOCUMENT # 454358

(3)

1. Corporation Name

PECO CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% RALPH DIGIOVANNI % RALPH DIGIOVANNI
12250 WESTCHESTER CLUB DRIVE 12250 WESTCHESTER CLUB DRIVE
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437

3. Date Incorporated or Qualified 06/07/1974 3a. Date of Last Report 04/12/1994

4. FEI Number 59-1542829 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIGIOVANNI, RALPH
12250 WESTCHESTER CLUB DRIVE
BOYNTON BEACH FL 33437

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 of person or printed name of registered agent and Florida corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME DEPAUL, PETER
STREET ADDRESS 800 W. OLNEY AVENUE
CITY, ST, ZIP PHILADELPHIA PA
TITLE VSD
NAME DIGIOVANNI, RALPH
STREET ADDRESS 1721 BREAKERS WEST BLVD
CITY, ST, ZIP WEST PALM BEACH FL
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
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STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer, director, or authorized agent of the corporation or an individual empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an addendum with an address.

SIGNATURE:

PRINT YOUR NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95

Date

Signature of Agent