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 MAR 27 AM 10:32

DOCUMENT # **504105** **(8)**

1. Corporation Name
CONSTRUCTION WEST COMPANY

Principal Place of Business	Mailing Address
1050 E LAKE WOODLANDS PKWY POB 660 PALM HARBOR FL 34682-7660	1050 E LAKE WOODLANDS PKWY POB 660 PALM HARBOR FL 34682-7660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1976
3a. Date of Last Report: 04/14/1994

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:

4. FEI Number: 59-2030700 ☐ 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

DEAS, WILLIAM J.
2215 RIVER BOULEVARD
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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	D	11 TITLE	☐ Change ☐ Addition
NAME	GALENAS, ANDREW P.	12 NAME	
STREET ADDRESS	520 BROAD ST	13 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	WEISS, WILLIAM E.	22 NAME	
STREET ADDRESS	520 BROAD ST	23 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	RYAN, MICHEAL S.	32 NAME	
STREET ADDRESS	520 BROAD ST	33 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	V ☒ Change ☐ Addition
NAME	LIPSKY, ALLAN B.	42 NAME	ARTHUR M. MILLER
STREET ADDRESS	1050 E LAKE WOODLANDS PK	43 STREET ADDRESS	1050 EAST LAKE WOODLANDS PARKWAY
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP	PALM HARBOR, FL 34682
TITLE	ST	51 TITLE	T ☒ Change ☐ Addition
NAME	JOHNSON, CHARLES W.	52 NAME	WILLIAM A. FINELLI
STREET ADDRESS	1050 E LAKE WOODLANDS PK	53 STREET ADDRESS	520 BROAD STREET
CITY-ST-ZIP	PALM HARBOR FL	54 CITY-ST-ZIP	NEWARK, NJ 07102
TITLE	PD	61 TITLE	PD ☒ Change ☐ Addition
NAME	LYDON, THOMAS P., JR.	62 NAME	YVONNE M. COMPITELLO
STREET ADDRESS	520 BROAD ST	63 STREET ADDRESS	520 BROAD STREET
CITY-ST-ZIP	NEWARK NJ	64 CITY-ST-ZIP	NEWARK, NJ 07102

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)(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.

SIGNATURE: Arthur M. Miller, Vice President 3/20/95 (813) 785-5691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481126 FP