

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

2165

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 19 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 524288

1. Corporation Name

AARON E. GINGBUTICH CONST. INC.

Principal Place of Business

607 PINE RANCH E. RD
SARASOTA, FL 34229
OSPRAY

Mailing Address

P.O. BOX 20196
SARASOTA, FL 34276

800001518108

-06/20/95--01108--010

****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1-21-97

3a. Date of Last Report

5-10-94

2. Principal Place of Business

21 607 PINE RANCH RD
Suite, Apt #, etc

2a. Mailing Address

26 P.O. BOX 20196
Suite, Apt #, etc

4. FEI Number

59-1711087

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

City & State

23 OSPRAY, FL

City & State

28 SARASOTA, FL

Zip

24 34229

Country

25 SARASOTA

Zip

29 34276

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

GINGBUTICH, AARON
607 PINE RANCH E. RD
OSPRAY, FL 34229

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

[Signature]

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

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE: B/D
NAME: GINGBUTICH, AARON
STREET ADDRESS: OSPRAY, FL 34229
CITY ST ZIP:

TITLE: SEC.
NAME: GINGBUTICH, EDNA B.
STREET ADDRESS: 607 PINE RANCH E. RD
CITY ST ZIP: OSPRAY, FL 34229

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 unchanged, or on an attachment with an address.

SIGNATURE*

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Here *

913-923-4761