

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Melton
Secretary of State

1996-4-a

B-6701 NC

DOCUMENT # **563610** (5)

1. Corporation Name
J. & D. PULLES CONTRACTORS COMPANY, INC.



Principal Place of Business: **3499 W 4TH AVE HIALEAH FL 33012**
Mailing Address: **8275 W 12 AVE HIALEAH FL 33014 US**

3. Date Incorporated or Qualified: **03/31/1978**
3a. Date of Last Report: **07/31/1995**
4. FEI Number: **59-6599227**
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. 199.02, Florida Statutes: Yes No

2. Principal Place of Business: 21 State Apt. # etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State Apt. # etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent: **PULLES, JUAN V. 3499 W 4TH AVE HIALEAH FL 33012**
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11. Pursuant to the provisions of Section 199.02, 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, and hereby accept the amount set as registered agent's fee, further warrant and accept the obligations of, and are subject to, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of Registered Agent: _____

| 12. DELETIONS AND CHANGES TO OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS | |
|---|------------------|--|--|
| 1. TITLE | PSD | 1.1 TITLE | |
| 2. NAME | PULLES, JUAN | 2.1 NAME | |
| 3. STREET ADDRESS | 8242 NW 164 ST | 3.1 STREET ADDRESS | |
| 4. CITY, ST, ZIP | HIALEAH FL | 4.1 CITY, ST, ZIP | |
| 5. TITLE | TD | 5.1 TITLE | |
| 6. NAME | PULLES, DANIA M. | 6.1 NAME | |
| 7. STREET ADDRESS | 8242 NW 164 ST | 7.1 STREET ADDRESS | |
| 8. CITY, ST, ZIP | HIALEAH FL | 8.1 CITY, ST, ZIP | |
| 9. TITLE | | 9.1 TITLE | |
| 10. NAME | | 10.1 NAME | |
| 11. STREET ADDRESS | | 11.1 STREET ADDRESS | |
| 12. CITY, ST, ZIP | | 12.1 CITY, ST, ZIP | |
| 13. TITLE | | 13.1 TITLE | |
| 14. NAME | | 14.1 NAME | |
| 15. STREET ADDRESS | | 15.1 STREET ADDRESS | |
| 16. CITY, ST, ZIP | | 16.1 CITY, ST, ZIP | |
| 17. TITLE | | 17.1 TITLE | |
| 18. NAME | | 18.1 NAME | |
| 19. STREET ADDRESS | | 19.1 STREET ADDRESS | |
| 20. CITY, ST, ZIP | | 20.1 CITY, ST, ZIP | |

14. I hereby certify that the information reported in this filing is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the person or persons empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing as an officer or director of the corporation.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)