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 # 5K0998

1. Corporation Name
DON LUCHETTI CONSTRUCTION, INC.

Principal Place of Business / Mailing Address
6935 Vickie Circle, #3 (SAME)
West MELBOURNE, FL 32904

2. Principal Place of Business	2a. Mailing Address
21 6935 Vickie Circle	26 6935 Vickie Circle
Suite, Apt. #, etc 22 #3	Suite, Apt. #, etc 27 #3
City & State 23 WEST MELBOURNE, FL	City & State 28 WEST MELBOURNE, FL
Zip 24 32907 Country 25 U.S.A.	Zip 29 32907 Country 30 USA

3. Date Incorporated or Qualified: JULY-1-1987
3a. Date of Last Report: 11-20-95
4. FEI Number: 59-2820834 ☐ 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
DON LUCHETTI
500 EMERSON DR NE.
PALM BAY, FL 32907

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) NA
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

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	DON LUCHETTI	
STREET ADDRESS	500 EMERSON DR NE	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	MARY LUCHETTI	
STREET ADDRESS	3000 SAIA HWY.	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	TREAS./SEC.	☐ DELETE
NAME	CHRIS LUCHETTI	
STREET ADDRESS	1057 PELLAM AVE. NE.	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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

600001853196
-06/06/96--01034--002
***25.00

500001853195
-06/06/96--01034--001
***208.75

CR2E034 (12/95)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/24/96
Daytime Phone #: 407-951-2947