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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** 1. Corporation Name CORAL PALM CONSTRUCTION, INC. Principal Place of Business Mailing Address 1832 FLAGLER AVE 1832 FLAGLER AVE P.O. BOX 1111 P.O. BOX 1111 LEHIGH ACRES FL 33970-8111 LEHIGH ACRES FL 33970-8111 3. Date incorporated or Qualified 3a. Date of Last Report

|--|--|

| | • | | | 00 | | | | | 03/30/1979 | | 09/15/19 | 995 | |
|---------------------|---|--|--|---------------------------|-----------------|---|---|---------------|---|-----------------------------|------------------|------------------------|--|
| 2. | Principal Place of Business 2a. Mailing Address | | | | ress | | | | 4. FLI Number | | Applied For | | |
| 21 | 26 | | | | | |] | 59-1897059 | Not Applicable | | | | |
| 22 | Suite, Apt. # | Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | | 5 | . Certificate of Status Desired | | | Additional Required | |
| 23 | City & State | | | City & State | City & State | | | • | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| لتتا | Zιρ | | Country | Zip | | | | · · · · · · | 8. This corporation has liability for intangible tax under s. 199.0 | | | | |
| 24 | · | | 25 | 29 | 30 | أ أَوْ | | | | s ∐No | | | |
| L J | | 9. Name | and Address of Curre | nt Registered Agent | | | | 10 |). Name and Address of New I | Registered | Agent | | |
| | | | | | | 81 | Name | | | | | | |
| BENDOLA, BENJAMIN G | | | | | 02 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | LAGLER A | | | | 02 | Street Address (n.o. box intrincer is not acceptable) | | | | | | |
| | | | FL 33936 | | | 83 | | | · · · · · · · · · · · · · · · · | | | | |
| i | | , , , , , , , , | | | | | | | | | 1. "1 =" | | |
| i | | | | | | 84 | Crty | | | FI | 85 Zış | o Code | |
| 11 | . Pursuant to | the provis | ions of Sections 607 0503 | 2 and 607.1508. Florid | da Stabites, th | he above r | amed corr | noration | submits this statement for the pu | ricase of ch | anoino its ri | eaistered office | |
| | or registere | ed agent, or | both, in the State of Flori | ida. Such change was | authorized b | y the corp | oration's bo | oard of | directors. Thereby accept the app | ontment as | registered | agent. I am | |
| | | n, and acc€ | ept the obligations of, Sec | don 607.0505, Florida | เอเขเบเยร. | | | | | | | | |
| SI | GNATURE _ | Samuelore brand | For printers manner of registered agen | t soul that if some while | #211F Fo | egistered Ager | Leanal no rea | ningel waters | ear exclusive of | DATE | | | |
| 12 | | | | ID DIRECTORS | (1,011 | 13. | | | ADDITIONS/CHANGES TO OF | | DIRECTO | RS IN 12 | |
| TIT | | Р | | DEI | LETE | 1 * TITLE | 1. | - | | | The Property and | Addition | |
| ΝA | ME | BEND | OLA, BENJAMIN J | | | 1.2 NAME | | | | | | | |
| | REET ADDRESS | | EFFERSON AVE. | | | 13STREET | ADDRESS | | | | | | |
| | IY-ST-ZIP | | SH ACRES FL | | | 14 CITY - S | | | | | | | |
| 711 | | VST | an nonco i c | [] DEI | LETE | 2 1 TITLE | • | | | A 100 % | Change | ☐ Addition | |
| NA | | | OLA, JEAN | | | 2.2 NAME | | | | , | _ , | | |
| | REFT ADORESS | | FLAGLER AVENUE | | | 2.3 STREET | ACIOBESS | | | | | | |
| | Y-ST-ZIP | | SH ACRES FL | | | 2 4 CI*Y - S | | | | | | | |
| Til | | | ALL FIGURE OF E | ☐ DEI | LETE | 3 ! TITLE | · · · · · · · · · · · · · · · · · · · | | | | Change | Addition | |
| | M.E | | | | | 3.2 NAME | | | | ' | | | |
| | REEL ADDRESS | | | | | 33 SIREET | ADDRESS | | | | | | |
| | Y-SI-ZIP | | | | | 3.4 CI*Y - S | | | | | | | |
| TIT | | | | [] DEI | LETE | 4 · TITLE | | | · · · · · · · · · · · · · · · · · · · | | Change | Addition | |
| ΝA | | | | _ | | 4.2 NAME | | | * | • | · - | _ | |
| | HEFT ADDRESS . | | | | | 4.3 STHLE: | AUDRESS | | | | | | |
| | Y-S1-ZiP | | | | | 4 4 CI*Y - S | | | | | | | |
| 111 | | | | | LETE | 5 TITLE | | | | | Change | Add tien | |
| NA | ME | | | _ | | 5.2 NAME | | | | | | • | |
| | REET ADDRESS | | | | | 53 STHEET | ADURESS | | | | | | |
| İ | [Y-\$1-2]P | | | | | 5.4 CITY - S | | | | | | | |
| TII | | | | | t ETE | 6 1 11TLF | | | | | Change | Add tion | |
| NA. | | | | | | 6.2 NAME | | | | | | _ | |
| | ree1 address | | | | | 63 STHEET | ATHIBLES | | | | | | |
| | IY-SI-7IP | | | | | 64 CI'Y-S | | | | | | | |
| | | cortify that | t the information to molice | with this filips is volue | tarik furnishe | | | fu for the | exemption stated in Section 119 | COZIONAL EN | orida Statut | on I further | |

root indexty detaily that the information supplies with this single soluntarity turnished and does not quality for the exemption stated in Section 119 C7(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 eath; 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.

1-94-359-1100