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

APPROVED AND FILED

95 APR 24 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **618276** **(0)**

1. Corporation Name

SCIOLI BUILDERS, INC.

Principal Place of Business	Mailing Address
25400 S.W. 140 AVE. PRINCETON FL 33032 – 5433	25400 S.W. 140 AVE. PRINCETON FL 33032 – 5433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/20/1979**
3a. Date of Last Report: **06/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 25400 SW. 140 AVE	26 25400 SW 140 AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Homestead, FL.	City & State 28 Homestead, FL.
Zip / Country 24 33032-5433	33032-5433 Country 29 30

4. FEI Number: **59-1965083** ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCIOLI, JOSEPH F JR 25400 S.W. 140 AVE. PRINCETON FL 33032 – 5433	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: Homestead FL 85 Zip Code: 33032-5433

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, typed or printed name of registered agent and title if applicable) (NOTE: If registered agent is a corporation, signature must be by an officer.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	SCIOLI, JOSEPH F JR	12 NAME	
STREET ADDRESS	25400 S.W. 140 AVE.	13 STREET ADDRESS	
CITY ST ZIP	PRINCETON FL	14 CITY ST ZIP	Homestead, FL. 33030-5433
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	SCIOLI, JOSEPH F JR	22 NAME	
STREET ADDRESS	25400 SW 140TH AVENUE	23 STREET ADDRESS	
CITY ST ZIP	PRINCETON FL	24 CITY ST ZIP	Homestead, FL. 33030-5433
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Scioli, Jr. 4-12-95 305-258-1136
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

C117074