

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **698433** (0)

1. Corporation Name
DEL CONTE CONTRACTING, INC.

Principal Place of Business: **3210 SE SLATER STREET STUART FL 34997-5757**
Mailing Address: **3210 SE SLATER STREET STUART FL 34997-5757**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **08/01/1981** 3a. Date of Last Report: **04/01/1994**

4. FEI Number: **59-2117152** 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

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

9. Name and Address of Current Registered Agent

**DEL CONTE, ANTHONY
5085 S.E. GEM DRIVE
STUART FL 33497**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	State	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 of Current Registered Agent (Required) (Print Name) Signature of New Registered Agent (Required) (Print Name) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL CONTE, EMIL	1.2 NAME	
STREET ADDRESS	5085 S E GEM DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	STUART, FL 00000	1.4 CITY, ST, ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL CONTE, RAYMOND, SR	2.2 NAME	
STREET ADDRESS	540 INDIAN RIVER CT	2.3 STREET ADDRESS	
CITY, ST, ZIP	STUART, FL 00000	2.4 CITY, ST, ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL CONTE, ANTHONY	3.2 NAME	
STREET ADDRESS	5085 S.E. GEM DRIVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	STUART, FL 00000	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I 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)(b), 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 as an attachment with an address.

SIGNATURE: *Raymond Del Conte Sr.* **RAYMOND DEL CONTE, SR.** Date: **4/28/95** 407.887-8252