

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/1/98: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 30 AM 9:18

DOCUMENT # 834901 (1)

1. Corporation Name

FLORIDA RIVERSIDE CONSTRUCTION COMPANY

Principal Place of Business

P.O. BOX 316
 100 STICKLE AVE.
 ROCKAWAY NJ 07866

Mailing Address

P.O. BOX 316
 100 STICKLE AVE.
 ROCKAWAY NJ 07866

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1975

3a. Date of Last Report

06/29/1994

4. FEI Number

54-0831339

Applied Fee

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

7. This corporation has liability for information tax under s. 199.10(2) Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

24 25 29 30

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
 110 NORTH MAGNOLIA STREET
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

(Signature of person or corporation of registered agent and the filer)

(NOTE: Registered Agent signature required when terminating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	VST
NAME	TELESMANISH, RICHARD
STREET ADDRESS	100 STICKLER AVE
CITY, ST, ZIP	ROCKAWAY NJ
TITLE	PO
NAME	DONOHUE, JOHN F.
STREET ADDRESS	21 CONISTON ROAD
CITY, ST, ZIP	SHORTILLS, NJ
TITLE	CD
NAME	LENZ, ROBERT G
STREET ADDRESS	6823 BE HARBOR CIRCLE
CITY, ST, ZIP	STUART FL
TITLE	AS
NAME	TEUNE, PETER
STREET ADDRESS	185 CEDAR LAKE ROAD
CITY, ST, ZIP	BLAIRSTOWN NJ
TITLE	D
NAME	CORWIN, ARTHUR
STREET ADDRESS	4 HASTINGS ROAD
CITY, ST, ZIP	MORRIS PLAINS NJ
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this form 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 included on this annual report, 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Division 12 or 13, as applicable, of this form with an address.

SIGNATURE:

Richard P. Telesmanish
 SIGNATURE OF REGISTERED AGENT OR DIRECTOR

6-6-95 201-627-2400