

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 851223 (8)

1. Corporation Name

MAIN CONSTRUCTORS, INC.



Principal Place of Business

SOUTHEAST TOWER  
PRUDENTIAL CENTER  
BOSTON MA 02199

Mailing Address

SOUTHEAST TOWER  
PRUDENTIAL CENTER  
BOSTON MA 02199

3. Date Incorporated or Qualified  
12/08/1981

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 100 WEST WALNUT STREET

Suite, Apt. #, etc.

27 ROOM T-1107

28 PASADENA, CA

Zip

29 91124

Country

30 USA

4. FEI Number

04-2734619

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SC  
NUGENT, ROBERT F  
SE TWR PRUDENTIAL CTR  
BOSTON MA 02199

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VTD  
ALVAREZ, LAUREANO  
SE TWR PRUDENTIAL CTR  
BOSTON MA 02199

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DEV  
HOLEY, RONALD L  
SOUTHEAST TOWER  
BOSTON MA 02199

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ASC  
CHECCOLO, JOHN R.  
37 CRYSTAL CIRCLE  
BRUNTINGTON MA 02199

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DSRV  
BARNES JR, SIDNEY B  
SOUTHEAST TOWER  
BOSTON MA 02199

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ASAC  
FETTEROLF, P ROGER  
100 W WALNUT ST  
PASADENA CA 91124

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 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)(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: *P. R. Fetterolf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. R. FETTEROLF

4/26/96  
Date

(818)440-2000  
Daytime Phone #

CR2E034 (12/95)