

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SEP 11 - 1 AM 5:35

DOCUMENT # F16058 (2)

1. Corporation Name:

FLORIDA GULF CONSTRUCTION COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

4863 GUM ROAD
TALLAHASSEE FL 32304

Mailing Address:

4863 GUM ROAD
TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date in operation (or liquidated)
01/23/1981

3a. Date of Last Report
07/11/1994

2. Operating Office of Business:

21

2b. Mailing Address:

26

4. FID Number
14-1622327

Applied For
Not Applicable

22. State of Incorporation:

22

27. State of Incorporation:

27

5. Certificate of Status (Required) ☒

\$8.75 Additional
Fee Required

23. City & State:

23

28. City & State:

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Country:

24

25. Country:

25

29. Country:

29

30. Country:

30

8. This corporation has liability for nonpayment of taxes under 5-1192 (CP)
Florida Statutes ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUCILLO, MICHAEL J
321 ROYAL POINCIANA PLAZA SOUTH
PALM BEACH FL 33480

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 602.01(1)(b) and 602.01(2)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors, if needed, and the amendment to corporate charter, if applicable, and accepted the filing of the statement of change with the Florida Department of State, Division of Corporations.

SIGNATURE

Signature of the person or persons authorized to sign this report on behalf of the corporation. If the corporation is a partnership, the signature of each partner must be obtained.

12. OFFICER, EMPLOYEE, OR OTHER

NAME	STREET ADDRESS	CITY	STATE	ZIP
D CRANDELL, DANIEL R.	ROUTE 2, BARTON HILL ROAD	SCHOHARIE NY	PTD	
ZERONDA, FRANK J	15 LYONS AVE	DELMAR NY	S	
CRANDELL, DANIEL R	RT 2 BARTON HILL RD	SCHOHARIE NY	V	
CRANDELL, DANIEL R	RT 2 BARTON HILL RD	SCHOHARIE NY	V	
HATLEE, THOMAS E.	RT. 14, 346-24 GUM RD	TALLAHASSEE FL	D	
HATLEE, THOMAS E	RT. 14-346-24 GUM ROAD	TALLAHASSEE FL	D	

13. ADDITIONAL OFFICERS, EMPLOYEES, OR OTHERS

NAME	STREET ADDRESS	CITY	STATE	ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided by Sections 602.01(1)(b) and 602.01(2)(b) Florida Statutes. I further certify that this information is not being supplied for the purpose of obtaining a tax credit or other benefit and that my signature shall have the same legal effect as if made under oath. I am aware of the consequences of providing false information and that my signature appears on Block 12 or Block 13 of a changed or original report without any knowledge.

SIGNATURE:

Frank Zeronda

4/26/95

518-460-5630