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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 9:42

DOCUMENT # **F33013** **(6)**

1. Corporation Name
LOVIK-VASTA CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
2174 S RIDGEWOOD SOUTH DAYTONA FL 32119 US	2174 SOUTH RIDGEWOOD AVE SO DAYTONA FL 32119 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1981
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business	2a. Mailing Address
21 LOVIK-VASTA CONST. INC.	26 LOVIK-VASTA CONST. INC.
Suite, Apt. #, etc. 22 167 CARSWELL AVE.	Suite, Apt. #, etc. 27 167 CARSWELL AVE.
City & State 23 HOLLY HILL, FLA.	City & State 28 HOLLY HILL, FLA.
Zip / Country 24 32117 / 25 U.S.	Zip / Country 29 32117 / 30 U.S

4. FEI Number: 59-2097994 ☐ 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	10. Name and Address of New Registered Agent
VASTA, A. MICHAEL 2174 SOUTH RIDGEWOOD AVE SOUTH DAYTONA FL 32119	81 Name: VASTA, A. MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable): 167 CARSWELL AVE. 83 84 City: HOLLY HILL, FL 85 Zip Code: 32117

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE		☐ Change ☐ Addition
NAME	LOVIK, ROBERT O	1.2 NAME		
STREET ADDRESS	343 AUBURN DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	VASTA, A. MICHAEL	2.2 NAME		
STREET ADDRESS	222 CUMBERLAND AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 00000	2.4 CITY-ST-ZIP		
TITLE	DST	3.1 TITLE		☐ Change ☐ Addition
NAME	VASTA, PATRICIA L	3.2 NAME		
STREET ADDRESS	222 CUMBERLAND AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 00000	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: A. Michael Vasta 5/25/95 (904)238-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008325 CP