

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000000103 (2)**

1. Corporation Name
VENTURA CONTRACTING CORPORATION



Principal Place of Business
**1761 SEVERN CHAPEL ROAD
CROWNSVILLE MD 21032**

Mailing Address
**1761 SEVERN CHAPEL ROAD
CROWNSVILLE MD 21032**

3. Date Incorporated or Qualified
01/07/1993

3a. Date of Last Report
11/06/1995

4. FEI Number
52-1802014

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
21. *SAME AS ABOVE*

22. Suite, Apt. #, etc.

23. City & State

24. Zip

25. County

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent
**CHADDERON, SUSIE
4206-D
WOODS EDGE CIR.
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE: **PD** DELETE

NAME: **CAILLOUETTE, W. THOMAS**

STREET ADDRESS: **1761 SEVERN CHAPEL ROAD**

CITY, ST, ZIP: **CROWNSVILLE MD 21032**

TITLE: **STD** DELETE

NAME: **RUSSELL, MARY L**

STREET ADDRESS: **1761 SEVERN CHAPEL ROAD**

CITY, ST, ZIP: **CROWNSVILLE MD 21032**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP Change Addition

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP Change Addition

9. TITLE Change Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP Change Addition

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: *W.T. Caillorette*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96
410-793-0030

CR2E034 (12/95)