

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 FEB 23 PM 3:08

DOCUMENT # F93000004974 (2)

1. Corporation Name

DE RIGGI & SONS CONSTRUCTION CORP.

Principal Place of Business

20 ARBUTUS ROAD
PUTNAM VALLEY NY 10579

Mailing Address

20 ARBUTUS ROAD
PUTNAM VALLEY NY 10579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/29/1993	3a. Date of Last Report 02/08/1994
4. FEI Number 14-1646393	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	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	27. City & State
23. Zip	25. Country	28. Zip	29. Country

9. Name and Address of Current Registered Agent

DE RIGGI, JOHN
13416 BELLINGHAM DRIVE
TAMPA FL 33625

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 of agent)

(Signature typed or printed name of registered agent and title of agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	DE RIGGI, DNOFRID	1. NAME	
STREET ADDRESS	20 ARBUTUS RD	1. STREET ADDRESS	
CITY, ST, ZIP	PUTNAM VALLEY NY 10579	1. CITY, ST, ZIP	
TITLE	V	2. TITLE	☐ Change ☐ Addition
NAME	DE RIGGI, JOHN	2. NAME	
STREET ADDRESS	13416 BELLINGHAM DR	2. STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33625	2. CITY, ST, ZIP	
TITLE	S	3. TITLE	☐ Change ☐ Addition
NAME	DE RIGGI, MARIA	3. NAME	
STREET ADDRESS	20 ARBUTUS RD	3. STREET ADDRESS	
CITY, ST, ZIP	PUTNAM VALLEY NY 10579	3. CITY, ST, ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am duly qualified for the responsibility stated in Section 11.02(1)(b), 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 registered or designated agent to execute this report as required by Chapter 1407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: +

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Signature

Typed Name