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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000001467 (8)

1. Corporation Name

PERINI LAND AND DEVELOPMENT COMPANY, INC.

Principal Place of Business

73 MT. WAYTE AVENUE
FRAMINGHAM MA 01710

Mailing Address

73 MT. WAYTE AVENUE
FRAMINGHAM MA 01702-5803



3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-0974333

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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	C	<input checked="" type="checkbox"/> DELETE
NAME	PERINI, DAVID B	
STREET ADDRESS	3 DONNELLY DRIVE	
CITY - ST - ZIP	DOVER MA 02030	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARZ, JOHN H	
STREET ADDRESS	46 WHITE OAK ROAD	
CITY - ST - ZIP	WELLESLEY MA 02181	
TITLE	PCOO	<input checked="" type="checkbox"/> DELETE
NAME	PERINI, BART W	
STREET ADDRESS	280 BELKNAP ROAD	
CITY - ST - ZIP	FRAMINGHAM MA 01701	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GETZ, THOMAS A	
STREET ADDRESS	5488 PENNOCK POINTE ROAD	
CITY - ST - ZIP	JUPITER FL 33458	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	DUBASIK, FRANCIS T	
STREET ADDRESS	205 RANCH ROAD	
CITY - ST - ZIP	TEMPE AZ 85284	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	VICK, R. JOHN	
STREET ADDRESS	5499 BUNKY WAY	
CITY - ST - ZIP	DUNWOODY GA 30338	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John M. Bolis	
1.3 STREET ADDRESS	73 Mt. Wayte Ave.	
1.4 CITY - ST - ZIP	Framingham, MA 01701	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joanne Choate	
2.3 STREET ADDRESS	73 Mt. Wayte Ave.	
2.4 CITY - ST - ZIP	Framingham, MA 01701	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rosemary A. Ortega	
3.3 STREET ADDRESS	73 Mt. Wayte Ave.	
3.4 CITY - ST - ZIP	Framingham, MA 01701	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John J. Knox	
4.3 STREET ADDRESS	151 Old Country Rd.	
4.4 CITY - ST - ZIP	West Palm Beach, FL 33414	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	P/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Bolis

3/27/97

(508) 628-2000

Date

Daytime Phone #

CR2E034 (9/96)