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 -3 PM 1:25

DOCUMENT # **G38465** **(2)**

1. Corporation Name
FASCO CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
500 NE SPANISH RIVER BLVD SUITE 31 BOCA RATON FL 33431	500 NE SPANISH RIVER BLVD SUITE 31 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/16/1983
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business	2a. Mailing Address
21 6801 Lake Worth Road	26 6801 Lake Worth Road
Suite, Apt. #, etc. 22 Suite #111	Suite, Apt. #, etc. 27 Suite #111
City & State 23 Lake Worth, FL	City & State 28 Lake Worth, FL
Zip / Country 24 33467 / 25 USA	Zip / Country 29 33467 / 30 USA

4. FEI Number: 61-0658747 ☐ 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
KIDD, WILLIAM R. 421 DELANNEY AVENUE COCOA FL 32922	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 _____ 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	PD	1.1 TITLE		XX Change ☐ Addition
NAME	FERRIELL, FRED M.	1.2 NAME		
STREET ADDRESS	724 NORTHWEST 6TH STREET	1.3 STREET ADDRESS	2019 Henley Place	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Wellington, FL 33414	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	MERCKER, GEORGE E.	2.2 NAME		
STREET ADDRESS	401 KENTUCKY HOME LIFE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		XX Change ☐ Addition
NAME	MATTHEWS, KAREN R	3.2 NAME		
STREET ADDRESS	12124 ROCKWELL WAY	3.3 STREET ADDRESS	18123 Blue Lake Way	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	FERRIELL, ROBERT A	4.2 NAME		
STREET ADDRESS	2408 WESTWOOD AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	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)(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: Karen Matthews Karen Matthews 1-16-95 407-969-7354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0357760 CP