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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # H22207 (5)

1. Entity Name

JAY-CUE CONSTRUCTION CO., INC.

Principal Place of Business

% BERNARD D. CANARICK, ESQ.
1776 N. PINE ISLAND RD., SUITE 118
PLANTATION FL 33322
US

Mailing Address

% BERNARD D. CANARICK, ESQ.
1776 N. PINE ISLAND RD., SUITE 118
PLANTATION FL 33322
US

FILED
95 MAY -1 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 09/21/1984

3a. Date of Last Report: 04/25/1994

2. Principal Place of Business — 21 / 22 / 23 / 24 / 25

2a. Mailing Address — 26 / 27 / City & State 28 / 29 / 30

4. FEI Number: 59-2450645 ☐ 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

7. This corporation has activity to be reported for the preceding calendar year. Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CANARICK, BERNARD D., ESQ.
1776 N. PINE ISLAND RD.
SUITE 118
PLANTATION FL 33322

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 Section 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

12. OFFICERS AND DIRECTORS

PD
QUAREGNA, JOSEPH M.
10171 SUNSET STRIP
SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I further certify that the information supplied with this report is accurate and that the mandatory information required for 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 business organization authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an additional blank line.

SIGNATURE: Joseph M. Quaregna 4-27-95 748-0416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0230428 CP