FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H44362** **(2)**

1. Corporation Name

MATSCHE CONSTRUCTION CO.

Principal Place of Business	Mailing Address
18500 US HWY 441 MOUNT DORA FL 32757	18500 US HWY 441 MOUNT DORA FL 32757

3. Date Incorporated or Qualified: **02/25/1985**

3a. Date of Last Report: **03/17/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2498787** ☐ 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

MATSCHE, JOHN JUNIOR
101 W. HWY 441
MOUNT DORA FL 32757

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, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AUTY ENLOE CARTER		1.2 NAME		
STREET ADDRESS	20207 MAGNOLIA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SORRENTO FL		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	LEMMEN, ROBERT J		2.2 NAME	Robert M. Nelson	
STREET ADDRESS	713 PATRICK ST		2.3 STREET ADDRESS	10333 North Em El Grove Rd.	
CITY-ST-ZIP	WESTHAMPTON BEACH NY		2.4 CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORDINI, EDITH		3.2 NAME		
STREET ADDRESS	202 ORCHID WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOWEY-IN-THE-HILL FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MATSCHE, HANNAH JILL		4.2 NAME		
STREET ADDRESS	18500 U.S. HWY 441		4.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	J. MATSCHE, JOHN,		5.2 NAME	Matsche, John J.	
STREET ADDRESS	18500 U.S. HWY 441		5.3 STREET ADDRESS	18500 U.S. HWY 441	
CITY-ST-ZIP	MOUNT DORA FL		5.4 CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EDWARD S. LAMBETH		6.2 NAME		
STREET ADDRESS	303 HIDDEN HOLLOW CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: John J. Matsche 1/31/96 (352) 383-6121

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