

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 26 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 # H44362 (2)

1. Corporation Name  
MATSCHÉ CONSTRUCTION CO.

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

Mailing Address  
18500 US HWY 441  
MOUNT DORA FL 32757-6726



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

3. Date Incorporated or Qualified

02/25/1985

3a. Date of Last Report

02/21/1996

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

MATSCHÉ, 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 of type and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	AUTY ENLOE CARTER	
STREET ADDRESS	20207 MAGNOLIA AVE	
CITY- ST- ZIP	SORRENTO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NELSON, ROBERT, M	
STREET ADDRESS	10333 NORTH EM EL GROVE ROAD	
CITY- ST- ZIP	UMATILLA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MORDINI, EDITH	
STREET ADDRESS	202 ORCHID WAY	
CITY- ST- ZIP	HOWEY-IN-THE-HILL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MATSCHÉ, HANNAH JILL	
STREET ADDRESS	18500 U.S. HWY 441	
CITY- ST- ZIP	MOUNT DORA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	J. MATSCHÉ, JOHN,	
STREET ADDRESS	18500 U.S. HWY 441	
CITY- ST- ZIP	MOUNT DORA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EDWARD S. LAMBETH	
STREET ADDRESS	303 HIDDEN HOLLOW CT.	
CITY- ST- ZIP	SANFORD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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	<input 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

3/20/97 352-383-6121

Date

Day-Month-Year

CR2E034 (9/96)