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Apr 23 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 # **H78228** (4)

1. Corporation Name
LUCIAN KRAGIEL, BUILDER, INC.

Principal Place of Business

**1502 NW 6TH STREET
SUITE A
GAINESVILLE FL 32601**

Mailing Address

**1502 NW 6TH STREET
SUITE A
GAINESVILLE FL 32601-4003
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/26/1985

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2570673

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

**KRAGIEL, LUCIAN
1502 NW 6TH STREET
GAINESVILLE FL 32601**

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 **VD** ☐ DELETE
NAME **KRAGIEL, LUCIAN**
STREET ADDRESS **3105 NW 38TH ST**
CITY-STATE-ZIP **GAINESVILLE FL**

TITLE **PTD** ☐ DELETE
NAME **REIFEL, ROBERT D.**
STREET ADDRESS **3211 N.W. 58TH BLVD.**
CITY-STATE-ZIP **GAINESVILLE FL**

TITLE **VD** ☐ DELETE
NAME **KRAGIEL, GREGORY P.**
STREET ADDRESS **1125 N.W. 38TH ROAD**
CITY-STATE-ZIP **GAINESVILLE FL**

TITLE **SD** ☐ DELETE
NAME **REIFEL, PATRICIA A.**
STREET ADDRESS **3211 N.W. 58TH BLVD.**
CITY-STATE-ZIP **GAINESVILLE FL**

TITLE **V** ☐ DELETE
NAME **STEPHENS, THOMAS**
STREET ADDRESS **RT. 1 BOX 1000R**
CITY-STATE-ZIP **MELROSE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

**102 HOTEL ST.
MELROSE FL 32666**

**V
BRECKENRIDGE, KENNETH C.
2712 SW 34 ST. #49
GAINESVILLE FL 32605**

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: **PATRICIA REIFEL** **4-15-97 (352) 375-2980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)