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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT	#	.125697
. Computation Month		020001

Corporation Name

LUCCHESE CONSTRUCTION CO., INC.

·
Mailing Address
6817 N. DORMANY RD. PLANT CITY FL 33565

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90197 039 ***150.00



Principal Place	of Business	Mailing Address				i 100 tild died tison dittib bittib totti taan oran stati aloni stati alan atan saan
6817 N. DORMA PLANT CITY FL		6817 N. DORMANY RD. PLANT CITY FL 33565				
						DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualifed 08/01/1986
a Dining I Di	and of Business	2a. Mailing Address				4. FEI Number Applied For
	ace of Business	— ·				59-2713074 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional
22	π, oto.	27			5. Certificate of Status Desired Fee Required	
City & State		City: &: State			6- Election Campaign Financing - 55:00 May Be	
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible
24	25	- 	30	_		Telsorial Topolity Tax:
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent
DON	AH, GARY ARTHUR			Ľ		
	W. PAUL AVE.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	PA FL 33611			83		,
	•			Ш		· · · · · · · · · · · · · · · · · · ·
				84	City '	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the a	bove	-named corpo	oration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was aut	thorized da Stat	iby nes.	the corporatio	on's board of directors. I hereby accept the appointment as registered
		Lucchene		V	Linor	loub (invil 8 1999)
SIGNATURE	Signature, typed or printed name of registers agen	and title if applicable. (NOTE: F	Registered	Agen	t signature required	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12
TITLE	VPO	☐ DELETE	1,1 TI			Charige Addison
NAME	DONNAH GARY A		1.2 N			į
STREET ADDRESS	3309 W PAUL AVE				ADDRESS	
CITY-ST-ZIP TITLE	TAMPAL FA	□ DELETE	2.1 TI	TY-ST	-217	☐ Change ☐ Addition
NAME	LUCCHESE, RICHARD J.		2.2 N			
STREET ADDRESS	6817 NORTH DORMANY ROAD)			ADDRESS	
CITY-ST-ZIP	PLANT CITY FL		1	ITY-S		
TITLE TO		DELETE	_			Change _ Addition.
NAME .			3.2 N	AME		
STREET ADDRESS			3.3 S	REET	ADDRESS	}
CITY-ST-ZIP			3.4. 0	ITY-S	T-ZIP	
TITLE	•	☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME			4.2 N			
STREET ADDRESS		i			ADDRESS	
CITY-ST-ZIP		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	_	TY-\$1	r-ziP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TI 5.2 N			Containing Discontinui
NAME			1		ADDRESS	/
STREET ADDRESS				ITY-\$1		
CITY-ST-ZIP TITLE		DELETE	6.1 TI		+-	☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	

CITY-ST-ZIP 14. I 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 trusted 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 all address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: