## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS J68538 (4)DOCUMENT # Corporation Name O.K. CONSTRUCTION CO. OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 17601 LAUREL VALLEY P.O. BOX 275, N/A FT. MYERS FL 33912 ESTERO FL 33928 3. Date Incorporated 04/17/1987 3a. Date of Last Report 03/08/1995 or Qualified 2. Principal Place of Business 2a. Mailing Address 4. FELNO Applied For 59-2822978 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State Oity & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 **1** Yes □ No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O'GROSKY, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 17601 LAUREL VALLEY RD. FORT MYERS FL 33912 83 84 City Zip Code 85 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 Fiorida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. Lamiliar with and accept the obligations of Section 601,505, Florida Statutes. SIGNATU (12/95)12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 TITLE Change Addition O'GROSKY, JOSEPH NAME L2 NAME CR2E034 17601 LAUREL VALLEY ROAD STREET ADDRESS L3 STREET ADDRESS FT. MYERS FL CHTY - ST - Z.P. 1.4 CITY - \$1 - 7# TITLE DELETE 2.13016 ☐ Change Addition BONDI-O'GROSKY, ROSEANNA NAME 2.2 NAME 17601 LAUREL VALLEY RD STREET ADDRESS 2.3 STREET ADDRESS FT MYERS FL City-St-7iP 2 4 City - \$1 - 7# TITLE DELETE 3.1 THEFE Change Addition NAM{ 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4 CITY | ST-ZiP TITLE [ ] DELETE 4.1 TiT. 8 Change Addition NAME 4.2 NAME STREET ACCRESS 4.3 STREET ADDRESS CITY - ST - 719 4.4 C!TY - ST - ZIP DELETE TITLE 5-1 THE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STAFF CADDRESS C(TY - ST - 212 5.4 CHY - \$1 - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CHY ST-ZIP 14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualfy 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 san 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, Florid