FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

[illegible] -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K07648** (4)

1. Corporation Name

CHINELLI CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL J. CHINELLI 465 S. VOLUSIA AVENUE ORANGE CITY FL 32763	C/O MICHAEL J. CHINELLI 465 S. VOLUSIA AVENUE ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1988
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2862098 — 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

2. Principal Place of Business	2a. Mailing Address
21 465 S Volusia Ave, Ste A	26 465 S. Volusia Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Suite A
23 City & State: Orange City, FL	28 City & State: Orange City, FL.
24 Zip: 32763 — 25 Country: U.S.	29 Zip: 32763 — 30 Country: U.S.

9. Name and Address of Current Registered Agent

CHINELLI, MICHAEL J.
465 S. VOLUSIA AVENUE
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name: Michael J. Chinelli
82 Street Address (P.O. Box Number is Not Acceptable): 465 S. Volusia Ave.
83 Suite A
84 City: Orange City — FL — 85 Zip Code: 32763

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 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	PTS	1.1 TITLE	PTS ☒ Change ☐ Addition
NAME	CHINELLI, MICHAEL J.	1.2 NAME	Michael J Chinelli
STREET ADDRESS	839 TULIP ST	1.3 STREET ADDRESS	948 Rosetta Court
CITY ST ZIP	DELTONA FL	1.4 CITY ST ZIP	Deltona, FL 327
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 the 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: Michael J. Chinelli [signature] — 4-21-95 — (904) 775-2079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060473 CP