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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 22 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L27562 (2)

1. Corporation Name

VULPINE CONTRACTORS, INCORPORATED

Principal Place of Business

% CYNTHIA K. WOODWARD
4321 SW 16TH PL
CAPE CORAL FL 33914

Mailing Address

% CYNTHIA K. WOODWARD
4321 SW 16TH PL
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1989

3a. Date of Last Report

04/18/1994

4. FEI Number

65-0156701

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

21 4518 Del Prado Blvd S Unit 3

Suite, Apt. #, etc.

2a. Mailing Address

26 4518 Del Prado Blvd S

Suite, Apt. #, etc.

22 City & State

23 Cape Coral FL

Zip

24 33904

Country

25 Lee

27 City & State

28 Cape Coral FL

Zip

29 33904

Country

30 Lee

9. Name and Address of Current Registered Agent

WOODWARD, CYNTHIA K.
4321 SW 16TH PL
CAPE CORAL FL 33914

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOODWARD, CYNTHIA K.
STREET ADDRESS	4321 SW 16 PLACE
CITY- ST- ZIP	CAPE CORAL FL
TITLE	D
NAME	WOODWARD, DOUGLAS F.
STREET ADDRESS	4321 SW 16TH PLACE
CITY- ST- ZIP	CAPE CORAL FL
TITLE	D
NAME	TAYLOR, PAUL E
STREET ADDRESS	1212 BRAMAN AVE
CITY- ST- ZIP	FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- 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- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cynthia Woodward

3-17-95

813-543-5191

(PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Telephone #