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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:22

DOCUMENT # **M88682** **(3)**

1. Corporation Name
VINEYARDS CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
98 VINEYARDS BLVD. NAPLES FL 33999-1073	98 VINEYARDS BLVD. NAPLES FL 33999-1073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/07/1988
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0061541 ☐ 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

~~LURIE, TERRY A~~
~~98 VINEYARDS BLVD.~~
~~NAPLES FL 33999~~

10. Name and Address of New Registered Agent

81 Name: Donna M. More
82 Street Address (P.O. Box Number is Not Acceptable)
83: ~~98 Vineyards Blvd.~~
84 City: Naples, FL 85 Zip Code: 33999

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] DONNA M. MORE (NOTE: Registered Agent signature required when reinstating) DATE: 3-20-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PROCACCI, MICHAEL J	12 NAME	
STREET ADDRESS	98 VINEYARDS BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PROCACCI, JOSEPH	22 NAME	
STREET ADDRESS	98 VINEYARDS BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	PROCACCI, MARIA	32 NAME	
STREET ADDRESS	98 VINEYARDS BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	SAADEH, MICHEL	42 NAME	
STREET ADDRESS	98 VINEYARDS BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☒ Change ☐ Addition
NAME	ZICHELIA, ALFONSO	52 NAME	Remove ZICHELIA, ALFONSO
STREET ADDRESS	98 VINEYARDS BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: [signature] 3/20/95 813-353-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0332664 CP