FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N91000005167

1. Corporation Name: Lehigh Subcontractors Ass, Inc.

Principal Place of Business: 3200 Lee Blvd. Lehigh Acres, Fl. 33936

Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Oct 17, 1994
3a. Date of Last Report: NEW
4. FEI Number: 65-0509274 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21 3206 LEE BLVD	26 PO BOX 607	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
23 City & State: LEHIGH ACRES FL	28 City & State: LEHIGH ACRES FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
24 Zip: 33936 25 County	29 Zip: 33936 30 County	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Leo Palladino
5200 Lee Blvd
Lehigh, Fla 33971

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	CLIFF AYERS	12 NAME	WARREN FULLER
STREET ADDRESS	1119 HOMESTEAD RD	13 STREET ADDRESS	P.O. BOX 507 NA
CITY ST ZIP	LEHIGH FL 33936	14 CITY ST ZIP	LEHIGH, FL 33936
TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	3208 B LEE BLVD	22 NAME	
STREET ADDRESS	DOUG WRIGHT	23 STREET ADDRESS	
CITY ST ZIP	LEHIGH FL 33936	24 CITY ST ZIP	
TITLE	SECRETARY	31 TITLE	☐ Change ☐ Addition
NAME	MICKI RIGGINS	32 NAME	600001474966
STREET ADDRESS	904 LEE BLVD	33 STREET ADDRESS	-05/04/95--01011--009
CITY ST ZIP	LEHIGH FL 33936	34 CITY ST ZIP	****130.00 ****130.00
TITLE	TREASURER	41 TITLE	☐ Change ☐ Addition
NAME	LEO PALLADINO	42 NAME	
STREET ADDRESS	3200 LEE BLVD	43 STREET ADDRESS	
CITY ST ZIP	LEHIGH FL 33936	44 CITY ST ZIP	
TITLE	DIRECTOR	51 TITLE	☐ Change ☐ Addition
NAME	THOMAS R. NOLL	52 NAME	
STREET ADDRESS	1716 FOWLER ST	53 STREET ADDRESS	
CITY ST ZIP	FT MYERS FL 33907	54 CITY ST ZIP	
TITLE	DIRECTOR	61 TITLE	☐ Change ☐ Addition
NAME	JOE KATZ	62 NAME	
STREET ADDRESS	302 GREENWOOD AVE	63 STREET ADDRESS	
CITY ST ZIP	LEHIGH FL 33936	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leo Palladino LEO PALLADINO 4-20-95 813 369 5156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #