

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005167 (1)

1. Corporation Name

LEHIGH SUBCONTRACTORS ASSOCIATION, INC.

Principal Place of Business

3200 LEE BLVD
LEHIGH FL 33936

Mailing Address

P.O. BOX 607
LEHIGH ACRES FL 33936



3. Date Incorporated or Qualified
10/17/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0509274

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

10. Name and Address of New Registered Agent

PALLADENO, LEO
3200 LEE BLVD
LEHIGH FL 33901

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

LEO PALLADENO

Leo Palladeno

4-22-96

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME AYERS, CLIFF
STREET ADDRESS 1119 HOMESTEAD RD
CITY-ST-ZIP LEHIGH FL

☐ DELETE

TITLE VP
NAME WRIGHT, DOUG
STREET ADDRESS 3208 B LEE BLVD
CITY-ST-ZIP LEHIGH FL

☐ DELETE

TITLE S
NAME REGAS, MICKI
STREET ADDRESS 904 LEE BLVD
CITY-ST-ZIP LEHIGH FL

☐ DELETE

TITLE D
NAME FULLER, WARREN
STREET ADDRESS P.O. BOX 507 N/A
CITY-ST-ZIP LEHIGH FL

☐ DELETE

TITLE D
NAME NELL, THOMAS R.
STREET ADDRESS 1716 FOWLER ST
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE D
NAME KATZ, JOE
STREET ADDRESS 302 GREENWOOD AVE
CITY-ST-ZIP LEHIGH FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TRUMPETER & DIRECTOR

LEO PALLADENO

20023 LAKE VISTA CI.

LEHIGH FL 33936

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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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 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 PALLADENO

4-22-96

941-369 5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)