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

95 MAY -1 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P24202** **(4)**

1. Corporation Name

THE GANNON CONSTRUCTION & DESIGN COMPANY

Principal Place of Business	Mailing Address
12515 NO. KENDALL SUITE 430 MIAMI FL 33186 US	12515 NO. KENDALL SUITE 430 MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/08/1989
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 43-1417046 ☐ 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

GREENE, ROBERT P.
12515 N. KENDALL DRIVE
STE 430
MIAMI FL 33186

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 Robert P. Greene. 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	FRANKE, WILLIAM E.	12 NAME	
STREET ADDRESS	49 CRESTWOOD DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GREENE, ROBERT P.	22 NAME	
STREET ADDRESS	12515 N. KENDALL	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	WEYGANDT, DAVID W.	32 NAME	
STREET ADDRESS	26 S. 87TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	BELLEVILLE IL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	EVERETT, DOUGLAS D	42 NAME	
STREET ADDRESS	12515 N KENDALL DR, 430	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	VTD	51 TITLE	☐ Change ☐ Addition
NAME	SHIPLEY, JOHN W	52 NAME	
STREET ADDRESS	8965 WINDOM ST	53 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	DISHON, DIANE E	62 NAME	
STREET ADDRESS	12515 NO KENDALL DR, 430	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Franke 4-12-95. 314-576-9600.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000018 CP