

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 2:02

DOCUMENT # P92000012895 (8)

1. Corporation Name

CONTRACTORS CONSULTING GROUP, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**5140 WOODLAND LAKES DR.
PALM BEACH GARDENS FL 33418**

Mailing Address

**5140 WOODLAND LAKES DR.
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/18/1992

3a. Date of Last Report

01/28/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0376864

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

**DUCCI, E J
5140 WOODLAND LAKES DR.
PALM BEACH GARDENS FL 33418**

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 the 4 applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **DUCCI, E J**
STREET ADDRESS **5140 WOODLAND LAKES DR.**
CITY - ST - ZIP **PALM BEACH GARDENS FL 33418**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☒ Addition
2. 2 NAME **D**
3. 3 STREET ADDRESS **SHIRLA CUCCIA**
4. 4 CITY - ST - ZIP **5140 WOODLAND LAKES DR**
PALM BEACH GARDENS, FL 33418

2. 1 TITLE ☐ Change ☐ Addition
2. 2 NAME
3. 3 STREET ADDRESS
4. 4 CITY - ST - ZIP

3. 1 TITLE ☐ Change ☐ Addition
3. 2 NAME
3. 3 STREET ADDRESS
4. 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)(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:

Shirila Cuccia
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

3/25/95 407625-1332
Date Daytime Phone #