FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000000002 (4)

P & H CONSTRUCTION CORP.

3221 TAMIAMI TRAIL PO BOX 2900 UNITS F & G PORT CHARLOTTE FL 33949-2900 PORT CHARLOTTE FL 33952 3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1993 05/01/1996 2. Principal Piace of Business 2a. Mailing Address 4, FEI Number Applied For 65-0379534 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Z_{1D} Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 ☐ Yes ☐ No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **GUARRACINO. PASQUALE** Name 102 SE COLONIAL ST. 82 Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE FL 33952 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stg. atom: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THEF 1.1 TITLE Change **GUARRACINO. PASQUALE** NAME 1.2 NAME **102 SE COLONIAL ST** STREET ADDRESS 13 STREET ADDRESS PORT CHARLOTTE FL DITY-ST 7/8 1.4 City+St-ZiP DELETE TILE 21 TITLE Change Addition **GUARRACINO, LYDIA** NAME 2.2 NAME 102 SE COLONIAL ST STREET ADDRESS 2.3 STREET ADDRESS PORT CHARLOTTE FL 011Y - \$1 - 21F 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST 20 3.4. CITY - ST- ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CILT - ST- ZIP 4.4 CITY - ST- ZIP THEF DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Addition 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 tipe 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

PASQUALE GILARACINO PRESIDENT

if changed, or on an attachment with an address

FILED

May 09 1997 8:00am

Secretary of State