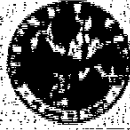


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:42

DOCUMENT # **P93000017512 (3)**

1. Corporation Name

**PAUL C. LAMBERT CONSTRUCTION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

602 VERONA ST.  
PORT CHARLOTTE FL 33948

Mailing Address

602 VERONA ST.  
PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**03/08/1993**

3a. Date of Last Report  
**06/24/1994**

4. FEI Number  
**59-1974143**

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

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**LAMBERT, PAUL  
602 VERONA STREET  
PORT CHARLOTTE FL 33948**

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 for filing, the Statement of Change of Registered Office and Agent, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**4/27/95**

12. OFFICERS AND DIRECTORS

TITLE **DP**  
NAME **LAMBERT, PAUL**  
STREET ADDRESS **602 VERONA ST.**  
CITY - ST - ZIP **PORT CHARLOTTE FL 33948**

TITLE **S**  
NAME **PHILLIPS, CALLUM**  
STREET ADDRESS **21517 OLEAN BLVD.**  
CITY - ST - ZIP **PORT CHARLOTTE FL 33952**

TITLE **T**  
NAME **KEENE, ROGER**  
STREET ADDRESS **3030 HEIGHTS TERRACE**  
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2. 1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS **NO LONGER EMPLOYED**  
2.4 CITY - ST - ZIP

3. 1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 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)(4), 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 is attached thereto with an affidavit.

SIGNATURE:

*Paul C. Lambert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAUL C LAMBERT** 4/27  
DATE

813 625-  
F360