

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

*4-16-96 B-31601-C*

**DOCUMENT # P93000017512 (3)**

1. Corporation Name  
**PAUL C. LAMBERT CONSTRUCTION, INC.**



Principal Place of Business: **602 VERONA ST. PORT CHARLOTTE FL 33948**  
Mailing Address: **602 VERONA ST. PORT CHARLOTTE FL 33948**

3. Date Incorporated or Qualified: **03/08/1993**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-1974143</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25		
Zip	Country		
24	29		
25	30		

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
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named agent certifies 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 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 title if applicable. Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LAMBERT, PAUL	
STREET ADDRESS	602 VERONA ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, CALLUM	
STREET ADDRESS	21517 OLEAN BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KEENE, ROGER	
STREET ADDRESS	3030 HEIGHTS TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	CHARLES FORDNAM	
STREET ADDRESS	2477 CANNOLLOT BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33948	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SECRETARY CHARLES FORDNAM
4.3 STREET ADDRESS	2477 CANNOLLOT BLVD.
4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33948
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 as an attachment with an address.

SIGNATURE: *Paul Lambert* **PAUL LAMBERT** *4/1/96* **4/1/96** *941625 8560* **941625 8560**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)