

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 3/1/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000012171 (2)

1. Corporation Name

PCI CONSTRUCTION CO.

Principal Place of Business

1340 US HWY 1
SUITE 102
JUPITER FL 33469

Mailing Address

1340 US HWY 1
SUITE 102
JUPITER FL 33469

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/10/1994

3a. Date of Last Report

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

4. FEI Number

65-0472345

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 (32),
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PAPPALARDO, VINCENT J
4400 PGA BOULEVARD
SUITE 800
PALM BEACH GARDENS FL 33410

10. Name and Address of Now Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1340 US HWY 1

83

SUITE 102

84 City

JUPITER

FL

85 Zip Code

33469

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PAPPALARDO, VINCENT J
STREET ADDRESS 4400 PGA BOULEVARD, SUITE 800
CITY - ST - ZIP PALM BEACH GARDENS FL 33410

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P, D

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1340 US HWY 1, SUITE 102
JUPITER FL 33469

1.4 CITY - ST - ZIP

☐ Change

☒ Addition

2.1 TITLE

VP

2.2 NAME

ANN MARIE PAPPALARDO

2.3 STREET ADDRESS

519 E. 75th Street #2A
NEW YORK NY 10055-0186

2.4 CITY - ST - ZIP

☐ Change

☒ Addition

3.1 TITLE

S, T

3.2 NAME

LINDA M DE COURSEY

3.3 STREET ADDRESS

10815 164th RD N
JUPITER FL 33478

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent J. Pappalardo

7/20/95

Date

1-407-747-0020

Daytime Phone #

CR2E034 (3/95)