FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 28 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059006 (4)**

1. Corporation Name
~~L & M CONTRACTORS, INC.~~
Park Avenue Construction company

Principal Place of Business	Mailing Address
507 N. NEW YORK AVE. WINTER PARK FL 32789	507 N. NEW YORK AVE. WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22): Suite 301
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26): P O Box 2796
Suite, Apt. #, etc. (27):
City & State (28): Winter Park FL
Zip (29): 32790 Country (30): USA

4. FEI Number: 59-3261927 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHNSON, LISA A
843 PENNSYLVANIA AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Johnson, Lisa A
82 Street Address (P.O. Box Number is Not Acceptable): 723 Maryland Ave
83:
84 City: Winter Park FL 85 Zip Code: 32789

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: Lisa A Johnson, Pres. Lisa A. Johnson 4-25-95
Signature, typed or printed name of registered agent and title if applicable — Signature of Registered Agent (signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President	☒ Change ☐ Addition
NAME	JOHNSON, LISA	12 NAME	Johnson, Lisa	
STREET ADDRESS	843 PENNSYLVANIA AVE.	13 STREET ADDRESS	723 maryland Ave.	
CITY ST ZIP	WINTER PARK FL 32789	14 CITY ST ZIP	Winter Park FL 32789	
TITLE	D	21 TITLE	No longer an officer	☒ Change ☐ Addition
NAME	NASRALLAH, MARK P	22 NAME		
STREET ADDRESS	P.O. BOX 1811	23 STREET ADDRESS		
CITY ST ZIP	WINTER PARK FL 32790	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 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: Lisa A. Johnson Lisa A. Johnson 4-25-95 407 647 6466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047289 CP