

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

*Approved
A 6-25*

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 29 AM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P94000068691**
1. Corporation Name
D&L CONSTRUCTION, INC.

Principal Place of Business Mailing Address
225 NE 7th Ave. P.O. BOX 150669
CAPE CORAL, FL CAPE CORAL, FL
33909 33909

3. Date Incorporated or Qualified **9-19-94** 3a. Date of Last Report **2-23-95**

2. Principal Place of Business 2a. Mailing Address
21 225 NE 7th Ave. 26 P.O. Box 150669

4. FEI Number **65-0532441** Applied For Not Applicable

22 Suite, Apt. #, etc 27 Suite, Apt. #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **CAPE Coral, Florida** 28 City & State **CAPE Coral, Florida**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33909** Country **U.S.** 29 Zip **33915** Country **US**

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

9. Name and Address of Current Registered Agent
Lenna Miller
225 NE 7th Ave.
CAPE CORAL, FL 33909

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 the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Lenna Miller** DATE **6-14-95**

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Lenna Miller
STREET ADDRESS	225 NE 7th Ave.
CITY - ST - ZIP	CAPE CORAL, FL 33909
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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

11 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DAW KIEBSCHER	
13 STREET ADDRESS	617 REYNOLDS HWY	
14 CITY - ST - ZIP	CAPE CORAL FL 33906	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(A), Florida Statutes. I further certify that the information indicated on the 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, as changed, or on an amendment with an address.

SIGNATURE: **Daw Kiebscher** DATE: **6-1-95** 813-945 0718