

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:34

DOCUMENT # P94000073813 (5)

1. Corporation Name

LUDWIG BUILDERS & GENERAL CONTRACTORS, INC.

Principal Place of Business

**6325 LA GORCE DRIVE
MIAMI BEACH FL 33140**

Mailing Address

**6325 LA GORCE DRIVE
MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1994

3a. Date of Last Report

4. FEI Number

65-0540241

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 S. 193.032
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**LUDWIG, ROBERT
6325 LA GORCE DRIVE
MIAMI BEACH FL 33140**

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 607.0506, Florida Statutes.

SIGNATURE

Signature of Agent or Director

Signature of Agent or Director

(Date)

12. OFFICERS AND DIRECTORS

NAME

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

NAME

STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. NAME

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. NAME

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. NAME

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. NAME

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

7. NAME

7. NAME

7. STREET ADDRESS

7. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), 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. I am an officer or director of the corporation and I am empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or on a supplemental report with my address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-95 385-866 528