

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000084965 (8)

1. Corporation Name
MAURO LAGRASTA CUSTOM BUILDERS, INC.



Principal Place of Business

695 106 AVE NORTH
NAPLES FL 34108

Mailing Address

695 106 AVE NORTH
NAPLES FL 34108

2. Principal Place of Business

21 246 BAYVIEW AVENUE
Suite, Apt. #, etc.

22 City & State
23 NAPLES, FLORIDA

24 Zip 34108 25 Country

2a. Mailing Address

26 246 BAYVIEW AVENUE
Suite, Apt. #, etc.

27 City & State
28 NAPLES, FLORIDA

29 Zip 34108 30 Country

3. Date incorporated or Qualified
10/11/1996

3a. Date of Last Report

4. FEI Number

65-0573739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

LAGRASTA, MAURO
695 106 AVE NORTH
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name
SAME

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

83

84 City
NAPLES

FL

85 Zip Code
34108

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 *Sandra S. Morham*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-3097
DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME LAGRASTA, MAURO
STREET ADDRESS 695 106 AVE NORTH
CITY-ST-ZIP NAPLES FL 34108 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

246 BAYVIEW AVENUE
NAPLES, FL 34108

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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 *Sandra S. Morham*

SIGNATURE *Sandra S. Morham*

5-3097

CR2E034 (9/96)