

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S02028 (6)

1. Corporation Name

STRATHMORE CONTRACTING OF FLORIDA, INC.



Principal Place of Business

1110 MITCHELL AVE  
PORT ST LUCIE FL 34952  
US

Mailing Address

3737 RT 112  
BLDG 6 STE 2  
MEDFORD NY 11763  
US

3. Date Incorporated or Qualified

09/21/1990

3a. Date of Last Report

06/26/1995

2. Principal Place of Business

2a. Mailing Address

21 901 Martin Davis Blvd

26 Suite, Apt. #, etc.

22 Suite 316

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Palm City FL

29 Zip

25 Country

30 Country

26 34990

31 30

4. FEI Number

11-3031971

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDMAN, BRUNING & MILD  
10570 S US HWY ONE  
STE 300  
PORT ST LUCIE FL 34952

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BARONE, ALFRED  
STREET ADDRESS % 3680 RT 112  
CITY-ST-ZIP CORAM NY

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME Barone, Alfred  
1.3 STREET ADDRESS 3237 Rte 112 Suite 2 Bldg 6  
1.4 CITY-ST-ZIP Medford NY 11763

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME Michael Trapani  
2.3 STREET ADDRESS 901 Martin Davis Blvd  
2.4 CITY-ST-ZIP Palm City, FL 34990

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE V ☐ Change ☒ Addition  
3.2 NAME Andrew Seclin  
3.3 STREET ADDRESS 8 Magnet St  
3.4 CITY-ST-ZIP Storm Brook, NY 11780

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alfred Barone Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

Date

516-732-4060

Daytime Phone #

CR2E034 (12/95)