

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S06314

(6)

1. Corporation Name:

LAGRASTA CONSTRUCTION, INC.



Principal Place of Business

506 106TH AVE. NORTH
NAPLES FL 33963

Mailing Address

506 106TH AVE. NORTH
NAPLES FL 33963

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Country

9. Name and Address of Current Registered Agent

LIEBERFARB, STANLEY J.
801 12TH AVE., S.
4TH FLOOR
NAPLES FL 33940

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

10/10/1990

3a. Date of Last Report

04/03/1995

4. FEI Number

65-0226406

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. 199.032,
Florida Statutes: ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.06(1) and 607.15(1), Florida Statutes, the officer or director of this corporation certifies 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 607.06(1), Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LAGRASTA, DOMENICO	
STREET ADDRESS	506 106TH AVE., N.	
CITY, ST, ZIP	NAPLES FL	
TITLE	D	☐ DELETE
NAME	LAGRASTA, MARIA	
STREET ADDRESS	506 106TH AVE., N.	
CITY, ST, ZIP	NAPLES FL	
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.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied was true, correct, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 registered agent or authorized representative of the corporation and that I am not a resident of this state and that my name appears in Block 12 or Block 13 or changed, or on an attached statement filed.

SIGNATURE: Maria La Grasta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

941-597-5880

CR2E034 (12/95)