

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 # S27755 (5)

1. Corporation Name

HAWKEYE CONSTRUCTION OF SOUTH FLORIDA, INC.



Principal Place of Business

4411 CLEVELAND AVE.  
FT. MYERS FL 33901  
US

Mailing Address

4411 CLEVELAND AVE.  
FT. MYERS FL 33901  
US

3. Date Incorporated or Qualified

01/28/1991

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0264640

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

10. Name and Address of New Registered Agent

GARGARNO, ANTHONY J.  
1520 ROYAL PALM SQUARE BOULEVARD  
SUITE 260  
FT. MYERS FL 33919

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 DCEO ☐ DELETE

NAME LAGESCHULTE, DAVID L.  
STREET ADDRESS 2644 SHRIVER DR.  
CITY-ST-ZIP FT. MYERS FL

TITLE DST ☐ DELETE

NAME LYNCH, PAUL W.  
STREET ADDRESS 5745 SANDPIPER PL  
CITY-ST-ZIP FT. MYERS FL

TITLE DP ☐ DELETE

NAME BRAUNER, TERRY K.  
STREET ADDRESS ~~1440 THISTLE DOWN LANE~~  
CITY-ST-ZIP ~~FT. MYERS FL~~

TITLE D ☐ DELETE

NAME KLINGENSMITH, KIT A.  
STREET ADDRESS ~~6723 PLANTATION MANOR LP~~  
CITY-ST-ZIP ~~FT. MYERS FL~~

TITLE D ☐ DELETE

NAME REGNIER, DALE  
STREET ADDRESS 981 WITTMAN DRIVE  
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96  
Date

941-275-6334  
Daytime Phone #

CR2E034 (12/95)