

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

APPROVED
AND
FILED

95 APR 27 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S29771** (0)
1. Corporation Name
DEL GALLO-MORETTE CONSTRUCTION CO., INC.

Principal Place of Business Mailing Address
118 EAST BRAINARD STREET **118 EAST BRAINARD STREET**
PENSACOLA FL 32501 **PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/01/1991** 3a. Date of Last Report **04/08/1994**
4. FEI Number **59-3047389** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

MATTHEWS, EDELL F. JR.
308 SOUTH JEFFERSON STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name **Robert Emmanuel**
Emmanuel, Sheppard & Condon P. A.
82 Street Address (P.O. Box Number is Not Acceptable)
30 S. Spring Street
83
84 City **Pensacola** FL 85 Zip Code **32501**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Robert A. Emmanuel
Signature, typed or printed name of registered agent and title if not Jacobus

A. Hovney
NOTE: Registered Agent Signature required when reappointing

DATE

4/13/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORETTE, RICK
STREET ADDRESS	4275 ROMMITCH LANE
CITY - ST - ZIP	PENSACOLA FL
TITLE	VP
NAME	DEL GALLO, STEVE
STREET ADDRESS	890 WOODBINE DRIVE
CITY - ST - ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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:

Richard P. Morette
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCIAL OFFICER OR DIRECTOR
Richard P. Morette

3/27/95

904 432 4084
Telephone Number