

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90094 049 ***150.00

DOCUMENT # S34598

1. Corporation Name

COSCHIGNANO CONSTRUCTION COMPANY, INC.

Principal Place of Business

P.O. BOX 692224
9341 BAY VISTA EST. BLVD
ORLANDO FL 32836
US

Mailing Address

P.O. BOX 692224
ORLANDO FL 32869-2224
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1991

4. FEI Number

59-3053530

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 9341 Bay Vista Est's Blvd.

Suite, Apt. #, etc.

22 City & State

23 ORLANDO, Florida, USA

24 Zip Country

32836 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 ORLANDO, Florida, USA

29 Zip Country

30 32836 USA

9. Name and Address of Current Registered Agent

COSCHIGNANO, PAULINE
9431 BAY VISTA ESTATES BLVD.
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name Peter J. COSCHIGNANO

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

SAME AS SHOWN

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

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

Peter J. COSCHIGNANO

3/12/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME COSCHIGNANO, PAULINE D.
STREET ADDRESS 9341 BAY VISTA ESTATES
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE DV
NAME COSCHIGNANO, PETER J.
STREET ADDRESS 9341 BAY VISTA ESTATES
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE DST
NAME COSCHIGNANO, JAMES V
STREET ADDRESS 2208 JUANITA DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Peter J. COSCHIGNANO

1.3 STREET ADDRESS SAME

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Pauline D. COSCHIGNANO

2.3 STREET ADDRESS SAME

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Peter J. Coschignano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Peter J. COSCHIGNANO 3/12/99 407-363-0902
Date Daytime Phone #

CR2E034 (11/98)