FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY 11 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S52427** **(9)**

1. Corporation Name
TENSLEY TRUCKING, INC.

Principal Place of Business
6414 JAMMES ROAD
JACKSONVILLE FL 32244

Mailing Address
6414 JAMMES ROAD
JACKSONVILLE FL 32244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1991	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3069975	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 nothing for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business / 2a. Mailing Address — 21 / 26 Suite, Apt. # etc. 22 / 27 City & State 23 / 28 Zip 24 / 29 Country 25 / 30

9. Name and Address of Current Registered Agent

TENSLEY, WILLIE, JR.
6414 JAMMES ROAD
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

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 *Willie H Tensley Jr* DATE *5-8-95*

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	TENSLEY, WILLIE, JR.
STREET ADDRESS	6414 JAMMES RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (blank)

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)(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.

SIGNATURE: *Willie H Tensley Jr* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *5-8-95* Date *(904) 778-3616* Daytime Phone #

0407318 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **S54031** **(7)**

1. Corporation Name
J. LOMASTRO CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
5600 HAYES ST HOLLYWOOD FL 33021 US	1065 N.E. 125TH ST. STE 407 NORTH MIAMI FL 33161-5832 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1991
3a. Date of Last Report: 08/12/1994
4. FEI Number: 65-0253057 — 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. [X] Yes [ ] No

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) Country (25) — Zip (29) Country (30)

9. Name and Address of Current Registered Agent

LOMASTRO, GERARDO
5600 HAYES ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: Steven Lomastro
82 Street Address (P.O. Box Number is Not Acceptable): 2066 S.W. 81 way
83
84 City: Davie FL 85 Zip Code: 33324

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: Steven Lomastro Steven Lomastro 5-7-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	[ ] Change [ ] Addition
NAME	LOMASTRO, GERARDO	1 NAME	
STREET ADDRESS	5600 HAYES ST.	1 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1 CITY-ST-ZIP	
TITLE	V	2 TITLE	[ ] Change [ ] Addition
NAME	LOMASTRO, STEVEN	2 NAME	
STREET ADDRESS	2066 S.W. 81ST WAY	2 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33329	2 CITY-ST-ZIP	
TITLE	T	3 TITLE	[X] Change [ ] Addition
NAME	FEDERICI, RICKY	3 NAME	Delete
STREET ADDRESS	2066 S.W. 81ST WAY	3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33329	3 CITY-ST-ZIP	
TITLE	S	4 TITLE	[ ] Change [X] Addition
NAME	Lori Brawley	4 NAME	
STREET ADDRESS	978 S.W. 149 TERRACE	4 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FLORIDA 33326	4 CITY-ST-ZIP	
TITLE	T	5 TITLE	[ ] Change [X] Addition
NAME	GERARDO LOMASTRO SR.	5 NAME	
STREET ADDRESS	11601 TAFT STREET	5 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33026	5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1), 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: Steven Lomastro Steven Lomastro — 5-7-95 — 305-424-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gerardo Lomastro, Pres.

0173556 CP