

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

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Barbara B. Northrup Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V39931 (3)			
1. Corporation Name CANGIANELLI CONSTRUCTION, INC.			
Principal Place of Business 3002 NE IVY LANE JENSEN BEACH FL 34957		Mailing Address 3002 NE IVY LANE JENSEN BEACH FL 34957	
		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 Suite Apt. # etc. 22 City & State 23		3a. Date of Last Report 05/01/1994	
2a. Mailing Address 26 Suite Apt. # etc. 27 City & State 28		3. Date Incorporated or Qualified 06/01/1992	
24 State 25 Country		4. FBI Number 65-0360024	
29 State 30 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent CANGIANELLI, CHARLES A 3002 NE IVY LANE JENSEN BEACH FL 34957		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 607.050(2) 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 of Registered Agent or Other Registered Agent)			
12. OFFICERS AND DIRECTORS 1. TITLE D 2. NAME CANGIANELLI, CHARLES A 3. STREET ADDRESS 3002 NE IVY LANE 4. CITY, ST, ZIP JENSEN BEACH FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP		9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP		17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP	
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP		25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY, ST, ZIP	
29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY, ST, ZIP		33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY, ST, ZIP	
37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY, ST, ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP	
45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY, ST, ZIP		49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY, ST, ZIP	
14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 135.02(3)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 687, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an affidavit with an address.			
SIGNATURE: 		Charles A. Cangianelli 4/26/95 407 334-6602	
President		CP	