

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JUL 19 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V61467 (9)

1. Corporation Name

ECY CONSTRUCTION CORPORATION

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/03/1992

3a. Date of Last Report
05/01/1994

4. FBI Number
51-7384585

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees 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. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

3450 SW 50TH AVE.
DAVIE FL 33314

P.O. BOX 21027
FT. LAUDERDALE FL 33335

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONEVAC, JUDY BARRINGER
321 SOUTHEAST 15TH AVENUE
FT. LAUDERDALE FL 33301

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

7/10/94

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME EISENMAN, RICHARD L.
STREET ADDRESS 801 NW 120 AVE.
CITY-ST-ZIP PLANTATION FL 33325

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV
NAME ELLIOTT, J.H.
STREET ADDRESS 1441 STONEY GATE LANE
CITY-ST-ZIP COLUMBUS OH 43221

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS
NAME YOUNG, BENNY G
STREET ADDRESS 3000 HARTWAY DR.
CITY-ST-ZIP GLENWOOD FL 32720

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT
NAME CIRIACO, JOSEPH A
STREET ADDRESS 1151 SHARON CT.
CITY-ST-ZIP WOODBRIDGE NJ 07095

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 a member 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

7/12/95

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