

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # F94000001825 (8)

1. Corporation Name

LUSARDI CONSTRUCTION CO.

95 JAN 31 AM 9:16

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/11/1994  
3a. Date of Last Report

4. FEI Number 95-2159879  
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	1570 LINDA VISTA DR. SAN MARCOS CA 92069	26	1570 LINDA VISTA DR. SAN MARCOS CA 92069
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip	Country	29. Zip	Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
PLANTATION FL 33324

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BAILEY, JOHN A
STREET ADDRESS	1570 LINDA VISTA DRIVE
CITY-ST-ZIP	SAN MARCOS CA
TITLE	PD
NAME	FREE, VICTOR S
STREET ADDRESS	1570 LINDA VISTA DRIVE
CITY-ST-ZIP	SAN MARCOS CA
TITLE	V
NAME	<del>STILL, JAMES B</del> RETIRED
STREET ADDRESS	<del>1570 LINDA VISTA DRIVE</del>
CITY-ST-ZIP	<del>SAN MARCOS CA</del>
TITLE	TD
NAME	DENNING, KYLE E
STREET ADDRESS	1570 LINDA VISTA DRIVE
CITY-ST-ZIP	SAN MARCOS CA
TITLE	V
NAME	DEMPSEY, JOHN E
STREET ADDRESS	1570 LINDA VISTA DRIVE
CITY-ST-ZIP	SAN MARCOS CA
TITLE	S
NAME	TILLMAN, ROBERT G
STREET ADDRESS	1570 LINDA VISTA DRIVE
CITY-ST-ZIP	SAN MARCOS CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(4), 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: Robert G. Tillman Robert G. Tillman 1/9/95 619-744-3133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)