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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J41336** **(5)**

1. Corporation Name

CARR PLASTERING & STUCCO, INC.

Principal Place of Business	Mailing Address
C/O RICHARD L. MENSH 5200 CENTRAL AVENUE ST. PETERSBURG FL 33707-1834	C/O RICHARD L. MENSH 5200 CENTRAL AVENUE ST. PETERSBURG FL 33707-1834

3. Date Incorporated or Qualified: 11/06/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 350 FOSTER LN.
22 Suite, Apt. #, etc.:
23 City & State: BELLEAIR, FL
24 Zip: 34616
25 Country: PN

2a. Mailing Address
26: 350 FOSTER LN.
27 Suite, Apt. #, etc.:
28 City & State: BELLEAIR, FL
29 Zip: 34616
30 Country: PN.

4. FEI Number: 59-2746827 ☐ 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

9. Name and Address of Current Registered Agent

MENSH, RICHARD L.
5200 CENTRAL AVENUE
ST. PETERSBURG FL 59155-9856

10. Name and Address of New Registered Agent

81 Name: Joseph A. Carr
82 Street Address (P.O. Box Number is Not Acceptable): 350 Foster Lane
83
84 City: Belair FL 85 Zip Code: 34616

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: Joseph A Carr — DATE: 6-4-96
Signature, typed or printed name of registered agent, if other than applicable. (NOTE: Registered Agent signature required where real change)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARR, JOSEPH ANDRE 350 FOSTER LN BELLEAIR FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARR, JAMES ARTHUR 5086 MYRTLE LANE ST PETERSBURG FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARR, CHERYL LYNN 5086 MYRTLE LANE ST PETERSBURG FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARR, TONI LYNNE 350 FOSTER LANE BELLEAIR FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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: Joseph A Carr — Joseph A. Carr — 4-30-96 — (813) 547-0387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)