

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000041449 (8)**

1. Corporation Name:

BILL BROTHERS PLASTERING INC.



Principal Place of Business:

RT 3 BOX 5822
PALATKA FL 32177

Mailing Address:

RT 3 BOX 5822
PALATKA FL 32177

21. Principal Place of Business
RT 3 Box 1065
City, St., Zip, etc.

22. City & State
Palatka FL

23. Zip
32177

24. Country
Putnam

26. Mailing Address
RT 3 Box 1065
City, St., Zip, etc.

27. City & State
Palatka FL

28. Zip
32177

29. Country
Putnam

3. Date Incorporated or Qualified 06/07/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3188300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROTHERS, WILLIAM E
370 - 4TH AVE.SOUTH
JACKSONVILLE BEACH FL 32208**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0609 and 607.1508, Florida Statutes, the above named corporation submits the 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 record 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 the person assuming responsibility for this report

Signature of the person assuming responsibility for this report

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROTHERS, WILLIAM E.	2. NAME	
STREET ADDRESS	RT 3 BOX 1065	3. STREET ADDRESS	
CITY, ST, ZIP	PALATKA FL	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAKE, HAROLD	6. NAME	
STREET ADDRESS	STAR ROUTE 1, BOX 24	7. STREET ADDRESS	
CITY, ST, ZIP	PALATKA FL	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROTHERS, ROBERT E.	10. NAME	
STREET ADDRESS	RT 3 BOX 1065	11. STREET ADDRESS	
CITY, ST, ZIP	PALATKA FL	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROTHERS, KATHLEEN L.	14. NAME	
STREET ADDRESS	RT3 BOX 1065	15. STREET ADDRESS	
CITY, ST, ZIP	PALATKA FL	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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 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: *Kathleen L Brother*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

904 655 7957
Daytime Phone

CR2E034 (12/95)