

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000041449 (8)

1. Corporation Name
BILL BROTHERS PLASTERING INC.



Principal Place of Business: **RT. 3 BOX 1065 PALATKA FL 32177 US**
Mailing Address: **RT. 3 BOX 1065 PALATKA FL 32177-0544 US**

3. Date Incorporated or Qualified: **06/07/1993**
3a. Date of Last Report: **03/20/1996**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)
22. City & State
23. Zip
24. Country

4. FEI Number: **59-3188300**
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
**BROTHERS, WILLIAM E
370 - 4TH AVE.SOUTH
JACKSONVILLE BEACH FL 32208**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BROTHERS, WILLIAM E.	
STREET ADDRESS	RT 3 BOX 1065	
CITY- ST- ZIP	PALATKA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RAKE, HAROLD	
STREET ADDRESS	STAR ROUTE 1, BOX 24	
CITY- ST- ZIP	PALATKA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BROTHERS, ROBERT E.	
STREET ADDRESS	RT 3 BOX 1065	
CITY- ST- ZIP	PALATKA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BROTHERS, KATHLEEN L.	
STREET ADDRESS	RT3 BOX 1065	
CITY- ST- ZIP	PALATKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 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: *Kathleen L. Brothers* *Kathleen L. Brothers* **3-31-97** **9046557957**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)