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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000001912

ROWE PLASTERING, INC.

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90045 017 ***150.00



Principal Place	e of Business	Mailing Address			1 198 (198) 118 (B(B) (B(B) 98(0) 98(0) 98(0) 88(0) 38(0) 38(0) 38(0) 38(0) 38(0) 38(0) 38(0) 38(0) 38(0) 38(0)		
468 WHITE CREEK ROAD		468 WHITE CREEK ROAD					
PONCE DE LEON FL 32455		PONCE DE LEON FL 32455		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed -		
					01/08/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		olied For
21		26			59-3486573		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Red	
22		27				 	 -
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 I Added to	
23 Zip	Country	Zip	Country		This corporation owes the current year		31003
一	25	29 3			Personal Property Tax.		□No
24	9. Name and Address of Current	1=+1	<u> </u>		10. Name and Address of New Registere	d Agent	
			81	Name			
AME	RILAWYER		82	Ctrons Add	lease (D.O. Poy Number is Not Acceptable)		
343		82	Street Add	lress (P.O. Box Number is Not Acceptable)			
COR	AL GABLES FL 33134		83				
			84	City		. 85 Zip C	ode
				,	poration submits this statement for the purpose		
SIGNATURE	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second of famili				ed when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	R\$ IN 12
TITLE	PSD	☐ DELETE 1.11				Change	☐ Addition
NAME	ROWE, DAVID P		1.2 NAME				
STREET ADDRESS	468 WHITE CREEK ROAD		1.3 STREET	ADDRESS			1
CITY-ST-ZIP	PONCE DE LEON FL 32455		1.4 CITY-S	T-ZIP			
TITLE	VTD □ DELETE 2.1 TI		2.1 TITLE			Change	☐ Addition
NAME	ROWE, LARRY D		2.2 NAME	1			
STREET ADDRESS	468 WHITE CREEK ROAD		2.3 STREE	ADDRESS			
CITY-ST-ZIP	PONCE DE LEON FL 32455		2. 4 CITY-5	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE	ļ		Change	☐ Addition ³
NAME	، مستحد سید مید مید		3.2 NAME			 	
STREET ADDRESS			3.3 STREE				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5	T-ZIP		Change	Addition
TITLE		(1) DELETE	4.1 TITLE			☐ Swalige	
NAME			4.2 NAME 4.3 STREE	ADOBECCO			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP		☐ Change	Addition
NAME			5.2 NAME				- "
NAME STREET ADDRESS			53 STREE	TADDRESS			
			54 CITY-S	1			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			6.3 STREE	T ADDRESS			

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP