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95 MAY -1 AM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Office of Corporations

DOCUMENT # 452080

(5)

1. Corporation Name

B & D PLASTERERS, INC.

Principal Place of Business

26460 S.W. 202 AVE
HOMESTEAD FL 33031

Mailing Address

26460 S.W. 202 AVE
HOMESTEAD FL 33031

DO NOT WRITE IN THIS SPACE

3. Initials of President or Chairman

07/01/1974

3b. Date of Last Report

05/01/1994

4. FIC Number

59-1540844

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 § 194.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2b. Mailing Address

26

State & Zip

State & Zip

23. City & State

24

County

25

27. City & State

28

Zip

County

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYAN, JERRY W.
26460 S.W. 202 AVE
HOMESTEAD FL 33031

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Attestation: This is a copy of the report of the corporation for the year 1995, 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 aware of and accept the obligations of Section 194.032, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or New Registered Agent)

(Signature of Registered Agent or New Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS

1. NAME	PT BRYAN, JERRY W. 26460 S.W. 202 AVE HOMESTEAD FL
2. NAME	VPS BRYAN, FAITH E. 26460 S.W. 202ND AVENUE HOMESTEAD FL
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1. NAME		☐ Change ☐ Addition
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30. NAME		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption stated in Section 194.032(1), Florida Statutes. I further certify that the information is stated 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. I am an officer or director of the corporation or the receiver of the corporation covered by this report as required by Chapter 194, Florida Statutes, and I am not a partner, officer, director, or other person in the corporation or its receiver.

SIGNATURE: x *Faith Bryan* Faith Bryan Vice President