

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

APPROVED AND FILED

MAY - 1 AM 3:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Gloria B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 483823 (1)

**1. Corporation Name
BUCKEYE PLASTERING AND SONS, INC.**

Previous Place of Business: **4822 NW 2ND TERRACE BOCA RATON FL 33431**
 Mailed Address: **4822 NW 2ND TERRACE BOCA RATON FL 33431**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailed Address		3. Date of Incorporation or Creation	3a. Date of Last Report
21	State App # etc	26	State App # etc	09/03/1975	02/04/1994
22. City & State		27. City & State		4. FEI Number	Applied For / Not Applicable
23. Zip		28. Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199(1)(2), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HONEYCUTT, MARY 4822 NW 2ND TERRACE BOCA RATON FL 33431				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 607.06(2) and 607.06(3), 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 such role, under Florida Statutes.

SIGNATURE: _____

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	HONEYCUTT, MARY A.	2. NAME	
STREET ADDRESS	5327 VAN BUREN ROAD	3. STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	4. CITY, ST, ZIP	
TITLE	VP	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAKER, VICTOR DEE, JR.	6. NAME	
STREET ADDRESS	201 N.W. 35TH ST.	7. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	8. CITY, ST, ZIP	
TITLE	VP	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAKER, DANIEL	10. NAME	
STREET ADDRESS	3031 B. RD.	11. STREET ADDRESS	
CITY, ST, ZIP	LOXHATCEE FL	12. CITY, ST, ZIP	
TITLE	VP	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAKER, CLARK	14. NAME	
STREET ADDRESS	5287 MADISON RD.	15. STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	16. CITY, ST, ZIP	
TITLE	VP	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAKER, ROBERT	18. NAME	
STREET ADDRESS	12950 91ST ST.	19. STREET ADDRESS	
CITY, ST, ZIP	FELLSMERE FL	20. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119(1)(2), Florida Statutes. I further certify that the information made available through this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. But I am not liable or holding for all the consequences of the return of a fraudulent report as required by Chapter 217, Florida Statutes, and that my name appears in Block 1, or Block 13, if changed, or in an attachment with an address.

SIGNATURE: *Mary Honeycutt* MARY HONEYCUTT Paid 4-16-95 345 5482
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR