

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 # 483823 (1)

1. Corporation Name
BUCKEYE PLASTERING, INC.



Principal Place of Business: 4822 NW 2ND TERRACE BOCA RATON FL 33431
Mailing Address: 4822 NW 2ND TERRACE BOCA RATON FL 33431

| | | | | | |
|--------------------------------|--|-------------------------|--|--|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21. 5327 VAN BUREN RD | | 26. 5327 VAN BUREN RD | | 09/03/1975 | 05/01/1995 |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23. City & State | | 28. City & State | | 59-1633770 | Not Applicable |
| 24. 33484 | | 29. 33484 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25. Palm Bch | | 30. Palm Bch | | <input type="checkbox"/> | |
| 23. Delray Bch Florida | | 28. Delray Bch Florida | | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| 24. 33484 | | 29. 33484 | | Trust Fund Contribution | <input type="checkbox"/> |
| 25. Palm Bch | | 30. Palm Bch | | 8. This corporation has liability for intangible tax under s 199.032, 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 | MARY Honeycutt | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | 5327 VAN BUREN RD | | |
| | | | | 83. City | Delray 1 | | |
| | | | | 84. City | Delray Bch | FL | 85. Zip Code |
| | | | | 33484 | | | |

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: *Mary Honeycutt* DATE: 4-30-96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HONEYCUTT, MARY A. | 1.2 NAME | |
| STREET ADDRESS | 5327 VAN BUREN ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAKER, VICTOR DEE, JR. | 2.2 NAME | |
| STREET ADDRESS | 201 N.W. 35TH ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 2.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAKER, DANIEL | 3.2 NAME | |
| STREET ADDRESS | 3031 B. RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOXAHATCEE FL | 3.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAKER, CLARK | 4.2 NAME | |
| STREET ADDRESS | 5287 MADISON RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAKER, ROBERT | 5.2 NAME | |
| STREET ADDRESS | 12950 91ST ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FELLSMERE FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: *Mary Honeycutt* DATE: 4-30-96

CR2E034 (12/95)