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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **498211** **(2)**

1. Corporation Name

**COUNTY PLASTERING, INCORPORATED**

Principal Place of Business

**231 S. E. MONTEREY AVENUE**
**P. O. BOX 2696**
**STUART FL 34996-1306**

Mailing Address

**231 S. E. MONTEREY AVENUE**
**P. O. BOX 2696**
**STUART FL 34996-1306**

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| State, Apt. #, etc. 22 | State, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

3. Date Incorporated or Qualified: **03/04/1976**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **59-1751922** ☐ 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

**RIZZOTTO, SALVATORE**
**231 S.E. MONTEREY AVE.**
**STUART FL**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| 11 TITLE | PD | ☐ DELETE | 91 TITLE | ☐ Change ☐ Addition |
| 12 NAME | RIZZOTTO, SALVATORE | | 92 NAME | |
| 13 STREET ADDRESS | 231 S.E. MONTEREY AVE | | 93 STREET ADDRESS | |
| 14 CITY-ST-ZIP | STUART FL | | 94 CITY-ST-ZIP | |
| 21 TITLE | TD | ☐ DELETE | 101 TITLE | ☐ Change ☐ Addition |
| 22 NAME | RIZZOTTO, JEAN | | 102 NAME | |
| 23 STREET ADDRESS | 231 SE MONTEREY AVE | | 103 STREET ADDRESS | |
| 24 CITY-ST-ZIP | STUART FL | | 104 CITY-ST-ZIP | |
| 31 TITLE | S | ☐ DELETE | 111 TITLE | ☐ Change ☐ Addition |
| 32 NAME | RIZZOTTO, JOHN | | 112 NAME | |
| 33 STREET ADDRESS | 4921 SE POMPANO TERR | | 113 STREET ADDRESS | |
| 34 CITY-ST-ZIP | STUART FL | | 114 CITY-ST-ZIP | |
| 41 TITLE | VP | ☐ DELETE | 121 TITLE | ☐ Change ☐ Addition |
| 42 NAME | RIZZOTTO, ROBERT | | 122 NAME | |
| 43 STREET ADDRESS | 5641 SE LAMAY DR | | 123 STREET ADDRESS | |
| 44 CITY-ST-ZIP | STUART FL | | 124 CITY-ST-ZIP | |
| 51 TITLE | | ☐ DELETE | 131 TITLE | ☐ Change ☐ Addition |
| 52 NAME | | | 132 NAME | |
| 53 STREET ADDRESS | | | 133 STREET ADDRESS | |
| 54 CITY-ST-ZIP | | | 134 CITY-ST-ZIP | |
| 61 TITLE | | ☐ DELETE | 141 TITLE | ☐ Change ☐ Addition |
| 62 NAME | | | 142 NAME | |
| 63 STREET ADDRESS | | | 143 STREET ADDRESS | |
| 64 CITY-ST-ZIP | | | 144 CITY-ST-ZIP | |

CR2E034 (12/95)

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)(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:** Sean Rizzotto (Sean Rizzotto) - 1 - 2/26/96 407-286-8885

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #