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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 543815

1. Corporation Name
C. & M. PLASTERING AND STUCCO, INC.

Principal Place of Business
17141 CAROLYN LN
N. FT. MYERS, FL.
US 33917

Mailing Address →

3. Date Incorporated or Qualified: 8-25-77
3a. Date of Last Report: 5-1-95

2. Principal Place of Business
21 8836 ENGLE PLACE
Suite, Apt. #, etc. 22
City & State 23 N. FT. MYERS, FL
Zip 24 33903 Country 25 USA

2a. Mailing Address
26 P.O. BOX 3938
Suite, Apt. #, etc. 27
City & State 28 N. FT. MYERS, FL
Zip 29 33918-3938 Country 30 USA

4. FEI Number: 59-1764560 [ ] Applied For [X] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
MILLIKEN ROBERT. S.
19521 ALUMINUM RD. UNIT #1
N. FT. MYERS, FL 33903

10. Name and Address of New Registered Agent
81 Name: MILLIKEN ROBERT S.
82 Street Address (P.O. Box Number is Not Acceptable): 19531 LAN-SHELL DRIVE
83
84 City: N. FT. MYERS, FL 85 Zip Code: 33917

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 _____ ROBERT S. MILLIKEN P+VP 3-29-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required When Mailing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P+V MILLIKEN, ROBERT S. 17141 CAROLYN LANE N. FT. MYERS, FL 33917	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRES + VICE PRES. MILLIKEN ROBERT S 19531 LAN-SHELL DRIVE N. FT. MYERS, FL 33917	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLIKEN, MAUREEN J 17141 CAROLYN LANE N. FT. MYERS, FL 33917	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SEC. MILLIKEN, MAUREEN J. 19531 LAN-SHELL DRIVE N. FT. MYERS, FL 33917	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	300001765553 -04/02/96--01007--028 ***200.00	[ ] Change [ ] Addition

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: Maureen J Milliken 3/29/96 941-543-6616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MAUREEN J. MILLIKEN

SG 4-1-96