

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 586717 (1)

1. Corporation Name
KNOTTS PLASTERING, INC.

Principal Place of Business 6101 LEE ANN LANE NAPLES FL 34109 US	Mailing Address 6101 LEE ANN LANE NAPLES FL 33942
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1910 J & C Boulevard	22 Suite, Apt. #, etc.	26 1910 J & C Boulevard	27 Suite, Apt. #, etc.	09/18/1978	
23 City & State Naples, Florida		28 City & State Naples, Florida		4. FEI Number 59-1845813	
24 34109	25 U.S.A.	29 34109	30 U.S.A.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LAWSON, STEVE 5150 KRISTEN COURT NAPLES FL 34105				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
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 officer 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	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD LAWSON, STEVE	1.1 TITLE	
NAME	5150 KRISTEN COURT	1.2 NAME	
STREET ADDRESS	NAPLES, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V PREISER, CAROL L	2.1 TITLE	
NAME	5221 - 10TH AVE. SW	2.2 NAME	
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD DAVIS, WILLIE J. JR	3.1 TITLE	
NAME	3051 INDIAN ST.	3.2 NAME	
STREET ADDRESS	FT MYERS, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:  Steve Lawson 3/18/98 (941)597-6043

CF2E034 (10/97)