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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:15

DOCUMENT # **610344** **(4)**

1. Corporation Name
UNITED PLASTERING CO., INC.

Principal Place of Business	Mailing Address
4800 S.W. 64 AVENUE. #105-C DAVIE FL 33314	4800 S.W. 64 AVENUE. #105-C DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1979	3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1890427	☐ 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	

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

9. Name and Address of Current Registered Agent

KLOPFENSTEIN, DARRELL J.
7166 EAST TROPICAL WAY
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: Richard Klopfenstein
82 Street Address (P.O. Box Number is Not Acceptable): 13310 52 ct. North
83
84 City: Royal Palm Beach FL 85 Zip Code

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: Richard Klopfenstein X
Signature, typed or printed name of registered agent and title if applicable (NO) Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/T	☑ Change ☐ Addition
NAME	KLOPFENSTEIN, DARRELL J.	12 NAME	Klopfenstein, Richard	
STREET ADDRESS	7166 EAST TROPICAL WAY	13 STREET ADDRESS	13310 52 ct. North	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	Royal Palm Beach FL	
TITLE	S	21 TITLE	S	☑ Change ☐ Addition
NAME	KLOPFENSTEIN, RICHARD	22 NAME	Daniel Klopfenstein	
STREET ADDRESS	13310 52 CT. NORTH	23 STREET ADDRESS	15481 Dover Ct.	
CITY-ST-ZIP	ROYAL PALM BEACH FL	24 CITY-ST-ZIP	Davie, FL 33331	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	KLOPFENSTEIN,DANIEL	32 NAME		
STREET ADDRESS	15481 DOVER CT.	33 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 the address.

SIGNATURE: Daniel Klopfenstein 5/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED Date Daytime Phone #

0222002 CP