

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 # 646231 (1)

1. Corporation Name

WALTER MCCALL PLASTERING, INC.



Principal Place of Business

Mailing Address

4219 CENTURIAN CIRCLE
GREENACRES FL 33463

4219 CENTURIAN CIRCLE
GREENACRES FL 33463

3. Date Incorporated or Qualified
11/27/1979

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2096914

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCALL, WALTER
4219 CENTURIAN CIRCLE
GREENACRES FL 33463

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 607.1508, 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

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME:
MCCALL, LORI
STREET ADDRESS:
4219 CENTURIAN CIR
CITY-STATE-ZIP:
GREENACRES FL

1.2 NAME
1.3 STREET ADDRESS

TITLE ☐ DELETE

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME:
MCCALL, WALTER
STREET ADDRESS:
4219 CENTURIAN CIR
CITY-STATE-ZIP:
GREENACRES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS

TITLE ☐ DELETE

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME:
MCCALL, LORI
STREET ADDRESS:
4219 CENTURIAN CIR
CITY-STATE-ZIP:
GREENACRES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

TITLE ☐ DELETE

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

☐ Change ☐ Addition

TITLE ☐ DELETE

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

☐ Change ☐ Addition

TITLE ☐ DELETE

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

☐ Change ☐ Addition

TITLE ☐ DELETE

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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:

Walter McCall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

407-968-5328

Date

Daytime Phone #

CR2E034 (12/95)