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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 646231

(1)

WALTER MCCALL PLASTERING, INC.

`

Principal Place of Business

Mailing Address

FILED
Jan 22 1997 8:00am
Secretary of State

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4219 CENTURIA GREENACRES I		4219 CENTURIAN CIRCLE GREENACRES FL 33463-46	359										
					3. Date Incorporated or Qualified 11/27/1979	3a. Date of Last F 02/23/1996	Report						
2. Principal Fla	ace of Business	2a, Mailing Address			4. FEI Number	A	oplied For						
21		26			59-2096914		ot Applicable						
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7 7 7	\$8.75 Additional Fee Required						
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees						
Zıp	Country	Zip	Count	У	8. This corporation has liability for	ntangible tax under s	. 199.032,						
24	25	29	30			Yes No							
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered Agent							
MCC	CALL, WALTER		8	Name									
4219	CENTURIAN CIRCLE ENACRES FL 33463		8	Street Add	dress (P.O. Box Number is Not Acceptab	le)							
GINE	ENAURES FL 33403		8:	3	hala California (Marian)								
				City		FL.	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 register 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 register agent. I am farmear with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE	**************************************				***************************************								
	Signature, typical or printed name of registers	d agent and the it applicable (NOT AND DIRECTORS	E: Registered A	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE SERS AND DIRECTOR	9S IN 12						
12.		DELETE	1.1 HTLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	Change	☐ Addition						
NAME	TD MCCALL, LORI		1.2 NAM										
STREET ADDRESS	4219 CENTURIAN CIR			ET ADDRES\$									
CITY-ST-7IP	GREENACRES FL		1.4 City										
TITLE	PD	DELETE	2 1 TITLE			Change	Addition						
NAME	MCCALL, WALTER		2.2 NAM	:			ļ						
STREET ADDRESS	4219 CENTURIAN CIR		23 STRE	ET ADDRESS			1						
CITY - ST - ZIP	GREENACRES FL		2 4 CITY	- S7 - ZIP									
TITLE	SD	☐ DELETE	3.1 TITLE			☐ Change	Addition						
NAMÉ	MCCALL, LORI		3.2 NAM	E									
STREET ADDRESS	4219 CENTURIAN CIR		3.3 STRE	ET ADDRESS									
CITY - ST - ZIP	GREENACRES FL		3.4. CITY	-ST-ZIP									
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NAME			4. 2 NAN	NE .									
STREET ADDRESS			4.3 STRE	ET ADDRESS			:						
C=TY+ST-ZIP			4.4 CITY	-ST-ZIP	A								
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NAME			5.2 NAM	E									
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CITY-ST-ZIP			5.4 CITY	-ST-ZIP			· • • • • • • • • • • • • • • • • • • •						
TITLE		☐ DELETE	6.1 TITU			Change	Addition						
NAME			6.2 NAM	E									
STREET ADDRESS			6.3 STR	ET ADDRESS									
CITY-ST-ZIP			6.4 CITY	- ST - ZIP									

14. I do 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 suppliemental 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:



1-14-9

561-968-5328