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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

WALTER MCCALL PLASTERING, INC.

(1)

Mailing Address

FILED

Feb 04 1998 8:00am

Secretary of State

	19 CENTURIAN CIRCLE 4219 CENTURIAN CIRCLE GREENACRES FL 33463 GREENACRES FL 33463		DO NOT WRITE IN THIS	SPAC	CE						
						3. Date Incorporated or Qualified 11/27/1979		<u></u>			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	\exists	
21		26				59-2096914		1	Vot Applicab	le	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	h			5. Certificate of Status Desired S8.75 Addition Fee Required					
City & State	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees						
Zip 24	Country 25	Ζιρ 29	Country 30			` · · · · · · · · · · · · · - · · · · ·	corporation owes or has paid the current year Intangible conal Properly Tax due June 30.				
	9. Name and Address of Cu	irrent Registered Agent				10. Name and Address of New Registered	Ager	ıt			
MC	Call, Walter			81	Name					\neg	
	9 CENTURIAN CIRCLE EENACRES FL 33463			82	Street Add	dress (P.O. Box Number is Not Acceptable)					
				63					·	٦	
				84	City	FI	85	Ziţ	Code	-	
SIGNATURE	Othe provisions of Sections 607 agistered agent, or both, in the Sen familiar with, and accept the o	unigations of, Section 607.0505, Fi	iorida Stati	utes		rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appurer that the purpose of ation's board of directors. I hereby accept the appurer that the purpose of the purpose	char ointm	nging nent a	its registered	- a	
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIR	ECTO	RS IN 12	[ç	
TITLE	TD TO	DELETE	1.1 TITLE					Change	Additio	m S	
NAME	MCCALL, LORI		1.2 NAM								
STREET ADDRESS	4219 CENTURIAN CIR		1.3 STREET ADDRESS		ADDRESS					į	
CITY-ST-ZIP	GREENACRES FL		1.4 CITY+S		r-ZIP					3	
TITLE	PD	☐ DELETE	2 1 THTLE					Change	Additio	<i>π</i> ζ	
NAME	MCCALL, WALTER		2.2 NAM								
STREET ADDRESS	4219 CENTURIAN CIR		2.3 STRE		ADDRESS						
CITY-ST-ZIP	GREENACRES FL		2. 4 CITY		T-ZIP						
TITLE	\$D	☐ DELETE	3.1 TITLE					Change	☐ Additio	п	
NAME	MCCALL, LORI	3.2 NA		ME							
STREET ADDRESS	4219 CENTURIAN CIR		3.3 STF	REET	ADDRESS						
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TITLE		☐ DELETE	4.1 THTLE					hange	☐ Additio	n	
NAME			4. 2 NA	ME							
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NAME			5.2 NA								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5.4 CIT		- ZIP					_	
TITLE		☐ DELETE	6.1 1111	.E	1		∐ C	hange	Addition	n	
NAME			6.2 NA	ΜE							
STREET ADDRESS			63 STR	EET #	ADDRESS						
A170 AT BA			-							,	

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.