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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 653316

(0)

PRUITT PLASTERING & DRY WALL CO., INC.

FILED

May 02 1997 8:00am

Secretary of State

Principal Place of Business	Mailing Address			
8256 WAYSIDE CT SPRING HILL FL 34806	6256 WAYSIDE CT SPRING HILL FL 34606-4863			
			3. Date Incorporated or Qualified 01/24/1980	3a. Date of Last Report 04/23/1996
2. Principal Place of Business 21	2a, Mailing Address		4. FEI Number 59-1989845	Applied For Not Applicable
Suite, Apt. #, etc.	Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo Added to Fees
Zip Country 25	Z(p	Gountry 30	8. This corporation has liability for	
g, Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent
PRUITT, CHESTER D.		81 Nami	3	
6258 WAYSIDE COURT		82 Stree	t Address (P.O. Box Number is Not Accepta	bie)
Spring Hill Fl 34606				
		83		
		84 City		FL 85 Zip Code
	ient and tale Capplicable (NO ID DIRECTORS		rporation's board of directors. I hereby accommodately acc	DATI CERS AND DIRECTORS IN 12
TITLE PD	☐ DELLITE	1.0 TOLE		Change Addition
PRUITT, CHESTER D		1.P NAME		
STREET ADDRESS 6256 WAYSIDE COURT SPRING HILL, FL 00000		1.B STREET ADDRESS		
TITLE VST	DELLIE	1.4 City - S1 - ZiP 2.1 Tille	·	Change Additio
NAME PRUITT, LOIS M.		2.P NAME		- Anguige - Augusto
STREET ADDRESS 6256 WAYSIDE COURT		2.8 STREET ADDRESS		
CITY-ST-ZIP SPRING HILL, FL 34808		2. 4 C(1Y - S1 - 2(P		
TITLE	☐ DELETE	3.1 1111.6		Change Additio
NAME		3.P NAME		
STREET ADDRESS		3.\$ STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		<u> </u>
TETLE	DELETE	4.4 101.6		Change Addition
NAME OTOREY ADDRESS		4, 2 NAME		
STREET ADDRESS		4.8 STREET ADDRESS		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME	-	5.2 NAME		_ • •
STREET ADDRESS		5.8 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY+S1+ZIP		
TITLE	DECETE	6.U 11TLE		Change Addition
NAME		6.2 NAMI		
STREET ADDRESS		6.8 STREET ADDRESS		
CITY-ST-ZIP		6.# CHY-S1-7IP		

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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the constration 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.

NONETHER CLOSTED D PRHITT PLAN MAD A MAD ON 357/102/100