

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 # F96000003433 (7)

1. Corporation Name

MACDUFF PLASTERING, INC.

Principal Place of Business

330 ANGELA LN
MARY ESTHER FL 32569

Mailing Address

330 ANGELA LN
MARY ESTHER FL 32569-1612

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MCDONALD, KAREN L
330 ANGELA LN
MARY ESTHER FL 32569

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 in full (do not use initials or abbreviations)

(Do not sign before Agent's position is printed when relevant)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

P MCDONALD, KENNETH D
330 ANGELA LN
MARY ESTHER FL 32569

TITLE NAME STREET ADDRESS CITY- ST- ZIP

S MCDONALD, KAREN L
330 ANGELA LN
MARY ESTHER FL 32569

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY- ST- ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY- ST- ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY- ST- ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY- ST- ZIP 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY- ST- ZIP 1.25 TITLE 1.26 NAME 1.27 STREET ADDRESS 1.28 CITY- ST- ZIP 1.29 TITLE 1.30 NAME 1.31 STREET ADDRESS 1.32 CITY- ST- ZIP 1.33 TITLE 1.34 NAME 1.35 STREET ADDRESS 1.36 CITY- ST- ZIP 1.37 TITLE 1.38 NAME 1.39 STREET ADDRESS 1.40 CITY- ST- ZIP 1.41 TITLE 1.42 NAME 1.43 STREET ADDRESS 1.44 CITY- ST- ZIP 1.45 TITLE 1.46 NAME 1.47 STREET ADDRESS 1.48 CITY- ST- ZIP 1.49 TITLE 1.50 NAME 1.51 STREET ADDRESS 1.52 CITY- ST- ZIP 1.53 TITLE 1.54 NAME 1.55 STREET ADDRESS 1.56 CITY- ST- ZIP 1.57 TITLE 1.58 NAME 1.59 STREET ADDRESS 1.60 CITY- ST- ZIP 1.61 TITLE 1.62 NAME 1.63 STREET ADDRESS 1.64 CITY- ST- ZIP 1.65 TITLE 1.66 NAME 1.67 STREET ADDRESS 1.68 CITY- ST- ZIP 1.69 TITLE 1.70 NAME 1.71 STREET ADDRESS 1.72 CITY- ST- ZIP 1.73 TITLE 1.74 NAME 1.75 STREET ADDRESS 1.76 CITY- ST- ZIP 1.77 TITLE 1.78 NAME 1.79 STREET ADDRESS 1.80 CITY- ST- ZIP 1.81 TITLE 1.82 NAME 1.83 STREET ADDRESS 1.84 CITY- ST- ZIP 1.85 TITLE 1.86 NAME 1.87 STREET ADDRESS 1.88 CITY- ST- ZIP 1.89 TITLE 1.90 NAME 1.91 STREET ADDRESS 1.92 CITY- ST- ZIP 1.93 TITLE 1.94 NAME 1.95 STREET ADDRESS 1.96 CITY- ST- ZIP 1.97 TITLE 1.98 NAME 1.99 STREET ADDRESS 2.00 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 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 *Kenneth D. McDonald* (904) 343-3185

FILED
May 07 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified

07/08/1996

3a. Date of Last Report

4. FEI Number

62-1587600

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. 193.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

CP2E034 (9/95)