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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H01235

Corporation Name

OKALOOSA PLASTERING CO., INC.

Principal Plac	e of Business	Mailing Address					#1811 #1411 #1811 #1811	41911 41811 1881	
1819 C LEWIS	TURNER BLVD	1819 C LEWIS TURNER B							
ft Walton be	ACH FL 32547	FT WALTON BEACH FL 3	2547			DO NOT WRITE IN	THIS SDACE		
						3. Date Incorporated or Qualified	THIS SPACE	•]	
						04/27/1984		į	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	l la	pplied For	
21	ideo di Basinosa	26				59-2397465		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_		Additional	
22		27				5. Certificate of Status Desired	Fee R	equired	_
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current ye	ear Intangjble		
24	25	29	30			Personal Property Tax.	∏ Yes	□No	•
	9. Name and Address of Currer	nt Registered Agent		ļ.,		10. Name and Address of New Regist	ered Agent		
DUID	MC ITANI C			81 Na	ame				
	VIS, JEAN C.			82 St	reet Addre	ss (P.O. Box Number is Not Acceptable)			
	C LEWIS TURNER BLVD					project to the control of the second selection of the selec	Article of the Actual	perfect type in a material	
F1 F	VALTON BEACH FL 32547			83				起翻锁上	
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					•	ration submits this statement for the purpo	FL		
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fi	lorida Stat	utes.	co. porazio.	's board of directors. I hereby accept the		3	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	E: Registered	Agent sign	nature required	when reinstating) DA	πe		٠.
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NO	TE: Registered	Agent sign	nature required	when reinstating) DA ADDITIONS/CHANGES TO OFFICES		ORS IN 12	. (00)
		, , , , , , , , , , , , , , , , , , ,			nature required	ADDITIONS/CHANGES TO OFFICER		ORS IN 12	(00)
12.	OFFICERS AN	ND DIRECTORS	13.	TLE	nature required	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT		(00) 777 70
12. TITLE NAME	OFFICERS AN	ND DIRECTORS	13. 1.1 TI 1.2 N	TLE		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT		7007 / /44 /000
12. TITLE NAME STREET ADDRESS	PD PURVIS, RUBEN D.	ND DIRECTORS	13. 1.1 TI 1.2 N 1.3 ST	TLE AME	RESS	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT		744,000
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PURVIS, RUBEN D. 1263 WHITEWOOD WAY NICEVILLE FL	ND DIRECTORS	13. 1.1 TI 1.2 Ni 1.3 ST 1.4 Ci	TLE AME IREET ADD TY-ST-ZIP	RESS	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	Addition	CDOTO04 (44,000)
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6 1999 850-862-7994

Date Date Dayline Phone #

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90002 008 ***150.00

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