

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H21277 (9)

1. Corporation Name

PAUL HARTT PLASTERING & STUCCO, INC.

Principal Place of Business

22490 CENTRAL AVE.
CHARLOTTE HARBOR FL 33980
US

Mailing Address

2240 CENTRAL AVE
CHARLOTTE HARBOR FL 33980
US



3. Date Incorporated or Qualified
09/17/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2456706

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARTT, PAUL
22490 CENTRAL AVE
CHARLOTTE HARBOR FL 33980

10. Name and Address of New Registered Agent

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, type or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	OFFICERS AND DIRECTORS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARTT, PAUL	
STREET ADDRESS	22490 CENTRAL AVENUE	
CITY - ST - ZIP	CHARLOTTE HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. 2 NAME		
1. 3 STREET ADDRESS		
1. 4 CITY - ST - ZIP		
2. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2 NAME		
2. 3 STREET ADDRESS		
2. 4 CITY - ST - ZIP		
3. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2 NAME		
3. 3 STREET ADDRESS		
3. 4 CITY - ST - ZIP		
4. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 2 NAME		
4. 3 STREET ADDRESS		
4. 4 CITY - ST - ZIP		
5. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 2 NAME		
5. 3 STREET ADDRESS		
5. 4 CITY - ST - ZIP		
6. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2 NAME		
6. 3 STREET ADDRESS		
6. 4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96

Date

627-0472

Daytime Phone #

CR2E034 (12/95)