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

## FILED Mar 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5) H26187 KNAPP'S STUCCO, INC. Principal Place of Business Mailing Address 1462 KEY WAY RD. 1462 KEY WAY RD. **ENGLEWOOD FL 34223** ENGLEWOOD FL 34223 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-2455797 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KNAPP, WALTER A 1462 KEY WAY RD. Street Address (P.O. Box Number is Not Acceptable) 82 **ENGLEWOOD FL 33533** 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE KNAPP, WALTER A. NAME 1.2 NAME 1462 KEY WAY RD. STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE KNAPP, SHIRLEY 2.2 NAME NAME STREET ADDRESS 1462 KEY WAY RD. 2.3 STREET ADDRESS ENGLEWOOD FL CITY-ST-ZIP 2.4 CITY - ST - ZIP Change DELETE Addition 3.1 TITLE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Addition Change TOLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5,4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 suppliemental 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:

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition