

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H37213 (6)

1. Corporation Name
AA STUCCO & DRYWALL, INC.

Principal Place of Business 6561 TAYLOR RD #1 NAPLES FL 33942	Mailing Address 6561 TAYLOR RD #1 NAPLES FL 33942
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34109		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 34109		3. Date Incorporated or Qualified 01/09/1985	
4. FEI Number 59-2493768		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent ANDREWS, LARRY R 413 RIDGE DR. NAPLES FL 33963			
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL 34108		10. Name and Address of New Registered Agent			

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PRESIDENT
NAME	ANDREWS, LARRY R.	1.2 NAME	ANDREWS, LARRY R.
STREET ADDRESS	413 RIDGE DRIVE	1.3 STREET ADDRESS	413 RIDGE DRIVE
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	VP	2.1 TITLE	VICE-PRESIDENT
NAME	ARMENTROUT, JOHN D.	2.2 NAME	ARMENTROUT, JOHN D.
STREET ADDRESS	2035 CASTLE GARDEN LANE	2.3 STREET ADDRESS	1080 LAKE MANOR DR APT #103
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL 34110
TITLE	S	3.1 TITLE	VICE-PRESIDENT
NAME	ANDREWS, LARRY R	3.2 NAME	JONES, BARRY F.
STREET ADDRESS	413 RIDGE DR	3.3 STREET ADDRESS	51 JOHNNYCAKE DRIVE
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES, FL 34110
TITLE	T	4.1 TITLE	SEC
NAME	ANDREWS, LARRY R	4.2 NAME	ANDREWS, LARRY R.
STREET ADDRESS	413 RIDGE DR.	4.3 STREET ADDRESS	413 RIDGE DRIVE
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE		5.1 TITLE	TR
NAME		5.2 NAME	ANDREWS, LARRY R.
STREET ADDRESS		5.3 STREET ADDRESS	413 RIDGE DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ 1:26:58

CR2E034 (10/97)