

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J33870** (3)

1. Corporation Name
B & F STUCCO, INC.



Principal Place of Business: **% MICHAEL FEESER 9640 EAST SILVER OAKS TRAIL INVERNESS FL 32650-1932**

Mailing Address: **% MICHAEL FEESER 9640 EAST SILVER OAKS TRAIL INVERNESS FL 32650-1932**

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **09/18/1986**

3a. Date of Last Report: **01/26/1995**

4. FEI Number: **59-2733983** 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
FEESER, MICHAEL 9640 EAST SILVER OAKS TRAIL INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name: **Michael Feeser**

82 Street Address (P.O. Box Number is Not Acceptable): **9640 East Silver Oaks Trail**

83

84 City: **Inverness** FL 85 Zip Code: **34450**

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent) _____ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS

1. TITLE: **PD** DELETE

NAME: **FEESER, MICHAEL**

STREET ADDRESS: **9640 E. SILVER OAKS TR**

CITY, ST, ZIP: **INVERNESS FL**

2. TITLE: **D** DELETE

NAME: **BURLEW, ROBERT W. JR**

STREET ADDRESS: **P.O. BOX 630**

CITY, ST, ZIP: **HERNANDO FL**

3. TITLE: DELETE

NAME: _____

STREET ADDRESS: _____

CITY, ST, ZIP: _____

4. TITLE: DELETE

NAME: _____

STREET ADDRESS: _____

CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition

NAME: _____

STREET ADDRESS: _____

CITY, ST, ZIP: _____

2. TITLE: Change Addition

NAME: _____

STREET ADDRESS: _____

CITY, ST, ZIP: _____

3. TITLE: Change Addition

NAME: _____

STREET ADDRESS: _____

CITY, ST, ZIP: _____

4. TITLE: Change Addition

NAME: _____

STREET ADDRESS: _____

CITY, ST, ZIP: _____

5. TITLE: Change Addition

NAME: _____

STREET ADDRESS: _____

CITY, ST, ZIP: _____

6. TITLE: Change Addition

NAME: _____

STREET ADDRESS: _____

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 change) or on an attachment with an address.

SIGNATURE: *Michael Feeser* **Michael Feeser**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/96 (904) 344-1748

Date of Filing

CR2E034 (12/95)