

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 # J51382

(6)

1. Corporation Name

HINES PLASTERING AND STUCCO, INC.



Principal Place of Business

% BUFORD T. HINES  
3907 SOUTH WEST MOORES STREET  
PALM CITY FL 34990

Mailing Address

% BUFORD T. HINES  
3907 SOUTH WEST MOORES STREET  
PALM CITY FL 34990

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/05/1987

3a. Date of Last Report

03/28/1995

4. FEI Number

59-2770788

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

10. Name and Address of New Registered Agent

HINES, BUFORD T.  
3907 SOUTH WEST MOORES STREET  
PALM CITY FL 34990

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 (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

D  
HINES, BUFORD T.  
3907 S. WEST MOORES ST.  
PALM CITY, FL.

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

D  
HINES, DIANE  
3907 S. WEST MOORES ST.  
PALM CITY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY-STATE-ZIP

2. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-STATE-ZIP

☐ Change ☐ Addition

3. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY-STATE-ZIP

☐ Change ☐ Addition

4. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY-STATE-ZIP

☐ Change ☐ Addition

5. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY-STATE-ZIP

☐ Change ☐ Addition

6. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY-STATE-ZIP

☐ Change ☐ Addition

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:

Diane Hines, V.

Diane Hines

2-13-96

407-287-3041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)