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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # J64744 A-1 PLASTERING OF PUTNAM COUNTY, INC. Mailing Address Principal Place of Business CAZZIE DRIVE CALZZIE DR. P.O. BOX 82 P.O. BOX 82 BOSTWICK FL 32007 BOSTWICK FL 32007 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1987 2. Principal Place of Business 2a, Mailing Address 4, FEI Number Applied For 59-2780959 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Žiρ Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 Yes Yes Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KIRKLAND, JAMES W. Name **ROUTE 2** 82 Street Address (P.O. Box Number is Not Acceptable) **BOX 1880** PALATKA FL 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ DELETË TITLE 1.1 TITLE Change Addition KIRKLAND, JAMES W. 1.2 NAME NAME RT. 2, BOX 1860 1.3 STREET ADDRESS STREET ADDRESS PALATKA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KIRKLAND, JERRY L. 2.2 NAME NAME P O BOX 164, N/A 2.3 STREET ADDRESS STREET ADDRESS **BOSTWICK FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP City-SI-ZiF DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City-St-ZIP CITY-ST-ZIP DELETE 6.1 THILE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 if true and accurate method 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 of trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, programment with air address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 24 1998 8:00am

Secretary of State