

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90059 018 ***150.00

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DOCUMENT # J98090

1. Corporation Name

PHIL BUCHNER PLASTERING, INC.

Principal Place of Business

% PHILLIP BUCHNER
3271 NW 63 ST
FORT LAUDERDALE FL 33309

Mailing Address

% PHILLIP BUCHNER
3271 NW 63 ST
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1987

4. FEI Number
65-0033528

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Phillip Buchner

Suite, Apt. #, etc.

22 25128 Magnolia Av

City & State

23 EUSTIS FL

Zip

24 32736

Country

2a. Mailing Address

26 Phillip Buchner

Suite, Apt. #, etc.

27 25128 Magnolia Av

City & State

28 EUSTIS FL

Zip

29 32736

Country

30

9. Name and Address of Current Registered Agent

BUCHNER, PHILLIP
3271 NW 63 ST
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

Phillip Buchner

82 Street Address (P.O. Box Number is Not Acceptable)

25128 Magnolia Av

83

84 City

EUSTIS

FL

85 Zip Code

32736

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 P
NAME BUCHNER, PHILLIP
STREET ADDRESS 3271 NW 63 ST
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE S
NAME BUCHNER, MARIE
STREET ADDRESS 3271 NW 63 ST
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE V
NAME BUCHNER, PHILLIP JR
STREET ADDRESS 25128 MAGNOLIA AVE
CITY-ST-ZIP EUSTIS FL 32736

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE P
1.2 NAME Buchner, Phillip
1.3 STREET ADDRESS 25128 Magnolia Av
1.4 CITY-ST-ZIP EUSTIS, FL 32736

2.1 TITLE S
2.2 NAME Buchner, Marie
2.3 STREET ADDRESS 25128 Magnolia Av
2.4 CITY-ST-ZIP EUSTIS, FL 32736

3.1 TITLE V
3.2 NAME Buchner, Phillip Jr
3.3 STREET ADDRESS 25128 Magnolia Av
3.4 CITY-ST-ZIP EUSTIS FL 32736

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Phillip Buchner Phillip BUCHNER 3/11/99 352-589-2592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)