


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

FILED

Apr 25 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # K13077 (8) 1. Corporation Name PROFORMANCE PLASTERING OF ORLANDO, INC. | | |



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|---|--|
| Principal Place of Business 2880 ILLIANA CT. % JOHN WILLIAM DOUGHERTY ORLANDO FL 32806 US | Mailing Address 2880 ILLIANA CT. % JOHN WILLIAM DOUGHERTY ORLANDO FL 32806-4411 US |
|---|--|

| | |
|---|--|
| 2. Principal Place of Business 21 1730 Diplomacy Row Suite, Apt. #, etc. | 2a. Mailing Address 26 1730 DIPLOMACY ROW Suite, Apt. #, etc. |
| 22 City & State Orlando, FL | 27 City & State ORLANDO, FL |
| 23 Zip 32809 | 29 Zip 32809 |
| 24 Country | 30 Country |

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/25/1988 | 3a. Date of Last Report 01/25/1996 |
| 4. FEI Number 59-2869683 | Applied For <input type="checkbox"/> Not Applicable |
| 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent DOUGHERTY, JOHN WILLIAM 6221 WYNFIELD CT. ORLANDO FL 32809 | |
|--|--|

| | |
|---|-----------|
| 10. Name and Address of New Registered Agent | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | DOUGHERTY, JOHN WILLIAM |
| STREET ADDRESS | 6221 WYNFIELD CT. |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | ST <input type="checkbox"/> DELETE |
| NAME | GIORDANO, LUANN |
| STREET ADDRESS | 6804 PICCADILLY LANE |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 7360 WestPOINTE BLVD. # 112 |
| 2.4 CITY-ST-ZIP | ORLANDO, FL 32835 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | VP-OPERATIONS |
| 3.3 STREET ADDRESS | JAMES S. POINTER |
| 3.4 CITY-ST-ZIP | 6534 Hidden Beach Circle |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | VP-SALES & MARKETING |
| 4.3 STREET ADDRESS | DAVID CHABUT |
| 4.4 CITY-ST-ZIP | 6832 WestBOROUGH LANE |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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: *Luann Giordano* **LUANN GIORDANO**
SECRETARY/TREAS. **4-17-97 (407) 812-5500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (9/96)