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May 08 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 # K81271

(4)

1. Corporation Name

M&M PLASTERING & STUCCO, INC.

Principal Place of Business

% DANIEL C. MELICHAR
1126 SW COLEMAN AVE
PORT ST LUCIE FL 34953

Mailing Address

% DANIEL C. MELICHAR
1126 SW COLEMAN AVE
PORT ST LUCIE FL 34953-1884



2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip

Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/14/1989

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2946672

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

MELICHAR, DANIEL C.

~~1126 SW COLEMAN AVE~~

~~PORT ST LUCIE FL 34953~~

81 Name

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

1798 SW Ardmore street

83

84 City
port st. lucie

FL

85 Zip Code
34953

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

TITLE PD ☐ DELETE

NAME MELICHAR, DANIEL C.

STREET ADDRESS ~~1126 SW COLEMAN AVE~~

CITY-ST-ZIP ~~PORT ST LUCIE FL~~

TITLE VD ☐ DELETE

NAME BLAINE, MICHAEL L.

STREET ADDRESS 1081 SE MONTERREY RD

CITY-ST-ZIP STUART FL

TITLE ST ☐ DELETE

NAME MELICHAR, JAN A.

STREET ADDRESS ~~1126 SW COLEMAN AVE~~

CITY-ST-ZIP ~~PORT ST LUCIE FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1798 SW Ardmore street

port st. lucie, FL 34953

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1798 SW Ardmore street

port st. lucie, FL 34953

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: X *[Signature]* DANIEL C. MELICHAR X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561)878-7018

CR2E034 (9/96)