

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED
AND
FILED**

1996 SEP -3 PM 12:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L35454 (2)

1. Corporation Name
ROYAL PLASTERING, INC.



Principal Place of Business: **% PAULA M ISLEY, 811 8TH AVE, NEW SMYRNA BEACH FL 32169**
Mailing Address: **% PAULA M ISLEY, 811 8TH AVE, NEW SMYRNA BEACH FL 32169**

3. Date Incorporated or Qualified: **12/08/1989**
3a. Date of Last Report: **06/30/1995**
4. FEI Number: **59-2985355**
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

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, Apt. #, etc; City & State; Zip; Country.

9. Name and Address of Current Registered Agent: **ISLEY, PAULA M, 811 8TH AVE, NEW SMYRNA BEACH FL 32169**
10. Name and Address of New Registered Agent (81-84) fields: Name, Street Address, City, State (FL), Zip Code (85).

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's signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	
NAME	ISLEY, PAULA M	12 NAME	
STREET ADDRESS	811 8TH AVE	13 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BCH FL	14 CITY - ST - ZIP	
TITLE	DVP	21 TITLE	
NAME	ISLEY, JOHNNY L.	22 NAME	
STREET ADDRESS	811 8TH AVE.	23 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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****225.00 ****225.00**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paula M Isley **7.29.96 427-8497**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)