PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L35454

ROYAL PLASTERING, INC.

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90046 048 ***150.00



Principal Place	or business	Walling Address	Mailing Address								
% PAULA M ISLEY 811 8TH AVE NEW SMYRNA BEACH FL 32169		811 8TH AVE	% PAULA M ISLEY 811 8TH AVE NEW SMYRNA BEACH FL 32169			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
a Dissipal Di	and of Business	20 Mailing Addr	2a, Mailing Address				12/08/1989 4. FEI Number Applied For				
2. Principal Place of Business								⊢	Not Applicable		
21		(26)	[26]			59-2985355 Not Applicate					
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5.	Certificate of Status Desired .	\$8.75 Additional Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May					
23		28	28				Trust Fund Contribution	ded to Fees			
Zip	Country 25	Zip 29				8.	This corporation owes the current year I Personal Property Tax.	ntangible Yes			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
101.5		<u> </u>		81	Name			_			
ISLEY, PAULA M 811 8TH AVE NEW SMYRNA BEACH FL 32169			82	82 Street Address (P.O. Box Number is Not Acceptable)							
				83	83						
				84			· F		Zip Code		
44 Durement	to the provisions of Sections 607	0502 and 607 1508 Flori	da Statutes, the a	bove	-named corpor	ration	submits this statement for the purpose	ot changir	ng 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, and accept the obligations of Section 607 0505 Florida Statutes.

agent. I am ramiliar with, and accept the obligations of, Section 607.0000, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	gistered Agent signature re	quired when reinstating)	DATE	······································					
12.	OFFICERS AND DIRECTORS	, 7	13.	D DIRECTOR	RS IN 12						
TITLE	DP	DELETE	1.1 TITLE		 	Change	☐ Addition				
NAME	ISLEY, PAULA M		1.2 NAME								
STREET ADDRESS	811 8TH AVE		1.3 STREET ADDRESS				ł				
CITY-\$T-ZIP	NEW SMYRNA BCH FL		1.4 CITY-ST-ZIP								
TITLE		DELETE	2.1 TITLE			Change	☐ Addition				
NAME	ISLEY, JOHNNY L		2.2 NAME								
STREET ADDRESS			2.3 STREET ADDRESS				ţ				
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2.4 CITY-ST-ZIP				_~				
TITLE		DELETE	3.1 TITLE			☐ Change	☐ Addition				
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CITY-ST-ZIP								
TITLE		DELETE	4.1 TITLE			☐ Change	☐ Addition				
NAME			4. 2 NAME				1				
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CiTY-ST-ZIP	•							
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition				
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition				
NAME			6.2 NAME				}				
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP	State to be stopped to the state		6.4 CITY-ST-ZIP				j				

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: