

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **M75211** (6)

1. Corporation Name

**ADAMS PLASTERING, INC.**

Principal Place of Business

Mailing Address

**C/O DENNIS ADAMS  
475 VANNOTE ROAD  
PIERSON FL 32180**

**C/O DENNIS ADAMS  
475 VANNOTE ROAD  
PIERSON FL 32180**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/04/1988</b>		3a. Date of Last Report <b>05/01/1995</b>	
21. <b>475 Vannote Rd.</b>		26. <b>Same</b>		4. FEI Number <b>59-2887781</b>		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State <b>PIERSON, FL.</b>		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>32180</b>		25. Country <b>Volusia</b>		29. Zip		30. Country	
9. Name and Address of Current Registered Agent <b>ADAMS, DENNIS 475 VANNOTE RD. PIERSON FL 32180</b>				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code <b>FL</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, DENNIS</b>	1.2 NAME	
STREET ADDRESS	<b>475 VANNOTE RD.</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PIERSON FL</b>	1.4 CITY- ST- ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, PAMELA</b>	2.2 NAME	
STREET ADDRESS	<b>475 VANNOTE RD.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PIERSON FL</b>	2.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, DANIEL</b>	3.2 NAME	
STREET ADDRESS	<b>BOX 1108 COUNTY RD. 3</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PIERSON FL</b>	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)