

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 APR 14 AM 10:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M80197 (0)

**1. Corporation Name
ACE STUCCO, INC.**

Principal Place of Business

**18508 LONG LK. DR.
HUDSON FL 34667**

Mailing Address

**18508 LONG LK. DR.
HUDSON FL 34667**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified
05/10/1988**

**3a. Date of Last Report
04/15/1994**

**4. FEI Number
59-2885766**

**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**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERBER, BERNADETTE
18508 LONG LK. DR.
HUDSON FL 34667**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**
**DVT
GERBER, BERNADETTE M.
18508 LONG LAKE
HUDSON FL**

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP** ☐ **Change** ☐ **Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**
**DP
DENEWETH, MICHAEL F.
18508 LONG LAKE
HUDSON FL**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP** ☐ **Change** ☐ **Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP** ☐ **Change** ☐ **Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP** ☐ **Change** ☐ **Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP** ☐ **Change** ☐ **Addition**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP** ☐ **Change** ☐ **Addition**

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 110.07(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:

Bernadette Gerber **BERNADETTE GERBER** **4/10/95** **818-862-2144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #