

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 4:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M83987 (1)

1. Corporation Name

G & G PLASTERING OF OCALA, INC.

Principal Place of Business

Mailing Address

**% GLYNN W. LEACH
ROUTE 1, BOX 1386 A
ANTHONY FL 32617**

**% GLYNN W. LEACH
ROUTE 1, BOX 1386 A
ANTHONY FL 32617**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

05/31/1988

04/07/1994

4. FEI Number

Applied For

59-2908077

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**LEACH, GLYNN W.
ROUTE 1, BOX 1386A
ANTHONY FL 32617**

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 the obligation of Section 607.0505, Florida Statutes.

SIGNATURE

OF OFFICER OR DIRECTOR

(NOTE: Registered Agent signature required upon re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **LEACH, GLYNN W.**
STREET ADDRESS **RT 1 BOX 1386A**
CITY - ST - ZIP **ANTHONY FL**

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **VP**
NAME **DAVIS, CONNIE**
STREET ADDRESS **RT 1 BOX 1386A**
CITY - ST - ZIP **ANTHONY FL**

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **ST**
NAME **LEACH, ANNIS**
STREET ADDRESS **RT 1 BOX 1386A**
CITY - ST - ZIP **ANTHONY FL**

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 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:

Annis Leach

Annis Leach

4-6-95

904-629-9803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #