

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 # M83987 (1)

1. Corporation Name

G & G PLASTERING OF OCALA, INC.



Principal Place of Business

Mailing Address

~~LYNN W. LEACH~~
ROUTE 1, BOX 1366 A
ANTHONY FL 32617

~~LYNN W. LEACH~~
ROUTE 1, BOX 1366 A
ANTHONY FL 32617

3. Date Incorporated or Qualified
05/31/1988

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2908077

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

23

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LEACH, LYNN W.~~
~~ROUTE 1, BOX 1366A~~
~~ANTHONY FL 32617~~

81 Name
TARA FINANCIAL SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
83 489 W. MINNEHAHA AVE.
84 City
CLERMONT FL 85 Zip Code
34711

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

F.T. O'KEEFE
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	LEACH, LYNN W.	RT 1 BOX 1366A	ANTHONY FL	<input checked="" type="checkbox"/>
VP	DAVIS, BONNIE	RT 1 BOX 1366A	ANTHONY FL	<input checked="" type="checkbox"/>
ST	LEACH, ANNIS	RT 1 BOX 1366A	ANTHONY FL	<input checked="" type="checkbox"/>
P/D	WILLIAM D. LEACH	ROUTE 1, Box 1366A	ANTHONY, FL. 32617	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

William D. Leach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-96

Date:

(404) 394-5984

Daytime Phone #

CR2E034 (12/95)