FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Prace of Business

Suite. Apt. #, etc.

RT.1 BOX 1366 A

21

ANTHONY FL 32617 US



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
LIIVISION OF CORPORATIONS

DOCUMENT # M83987

(1)

Mailing Address

RT 1 BOX 1366A

2a. Mailing Address

Suite, Apt. #, etc.

26

ANTHONY FL 32617-9671

G & G PLASTERING OF OCALA, INC.

FILED Apr 17 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

04/25/1996

المراجع فالمسلان

3. Date Incorporated or Qualified

05/31/1988

59-2908077

5. Certificate of Status Desired

TARA FINANCIAL SERVICES INC 489 W. MINNEHAHA AVE CLERMONT FL 34711 80 Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. First-shart in the provisions of Sections 607.05.07 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered critice or rich getered agent or holt, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or holt, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or holt, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or holt, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or holt, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or holt, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered adents. 10	City & State		City 6	City & State			6. Election Campaign Financing Trust Fund Contribution	May Be o Fees		
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ARAP FINANCIAL SERVICES INC 489 W. MINNEHAHA AYE CLERIAONT FL 34711 89 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Fursional in the provisions of Sections 607.050/2 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or ricigisfered 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 in a minimum within and accept the otherpations of Section 607.0505, Florida Statutes. SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. CIFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. LEACH, WILLIAM 12. NAME 11. STIERT ADDRESS 13. STIERT ADDRESS 13. STIERT ADDRESS 14. STIERT ADDRESS 14. STIERT ADDRESS 14. STIERT ADDRESS 15. STIERT AD	A.11	9. Name and Address of Cui	rent Registered	Agent	·	·	10. Name and Address of New Registered	Agent		
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CLERMONT FL 34711 83 84 City FL 85 Zip Code	489 W. MINNEHAHA AVE					92 Street Address (P.O. Box Number in Not Accountable)				
83 84 City FL 85 Zip Code						JUBEL MI	ddiess (r.o. Box Nomber is Not Acceptable)			
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14. I do hereby certify that fire information supplied with this filling 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; the	14. I do here	by certify that the information sur-	plied with this filir	ig does not quali	fy for the ex	emption sta	ated in Section 119.07(3)(i), Florida Statutes. I furthe	ar certify that	the	