

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

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PA3000018460
1. Corporation Name
HARRY BLUE PLASTERING INC.

Principal Place of Business Mailing Address
156 SW SARATOGA AVE
PORT ST. LUCIE, FL. 34953

REINSTATEMENT 98

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>156 SW SARATOGA AVE</u> Suite, Apt. #, etc. 22	2a. Mailing Address 25 <u>SAME</u> Suite, Apt. #, etc. 27	4. FEI Number <u>65-0395439</u> Applied For Not Applicable
City & State 23 <u>PORT ST. LUCIE, FL</u> Zip 24 <u>34953</u>	City & State 28 Zip 29 Country 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRY F. BLUE JR.
156 SW SARATOGA AVE
PORT ST. LUCIE, FL 34953

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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]

Signature typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/24/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRES.</u> <u>HARRY F. BLUE JR.</u> <u>156 SW SARATOGA AVE</u> <u>PORT ST. LUCIE, FL 34953</u>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<u>VICE PRES</u> <u>DARRELL ASHLEY</u> <u>1125 SW IRVING</u> <u>PORT ST. LUCIE, FL 34984</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRES.</u> <u>CHERYL L. BLUE</u> <u>156 SW SARATOGA AVE</u> <u>PORT ST. LUCIE, FL 34953</u>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<u>600002710486-2</u> <u>-12/11/98--01083--008</u> <u>***750.00 ***750.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRES.</u> <u>DARRELL ASHLEY</u> <u>1125 SW IRVING ST</u> <u>PORT ST. LUCIE, FL 34984</u>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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; 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/98 561-336-3024

Date

Daytime Phone #

CR2E034 (10/97)