

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000021840 (2)

1. Corporation Name:

WEST COAST PLASTERING, INC.

Principal Place of Business:

7021 POTOMAC DRIVE
PORT RICHEY FL 34668

Mailing Address:

7021 POTOMAC DRIVE
PORT RICHEY FL 34668



2. Principal Place of Business:

21 Suite, Apt., #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address:

26 Suite, Apt., #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
03/19/1993

3a. Date of Last Report
07/17/1995

4. FEE Number
59-3169208

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. Does corporation have liability for intangible tax under s. 199.032,
Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NAPORANO, JOSEPH S
7021 POTOMAC DRIVE
PORT RICHEY FL 34668

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 607.07(1) and 607.15(4), 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 607.07(1), Florida Statutes.

SIGNATURE

Signature of person accepting appointment as registered agent

Signature of person accepting appointment as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	NAPORANO, JOSEPH S	
STREET ADDRESS	7021 POTOMAC DRIVE	
CITY, ST, ZIP	PORT RICHEY FL 34668	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is complete, true and correct, and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this form is part of a representative annual report to the corporation 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 additional block.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

CR2E034 (12/95)