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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| | CUMENT # P9300 PEST COAST PLASTERING, INC. | 0021840 (2) |) | | LIBANGAN NA MEMBURNI ABUN ABUN ABUN | 8 141 28 112 2188 | il 41881 48111 All | 0 11 0 0 51 7 0 0 1 |
|---------------------------------------|---|--|-------------------------------|--|--|--|--------------------|--|
| | | | | | | | | |
| Princip | pal Place of Business | Mailing Address | | | 1 anniands aim inikh sitis kosis Anist A | TITL BOTTO FIEL | i ildər bəril əli | E1 |
| 7021 POTOMAC DRIVE 7021 POTOMAC DRIVE | | | | | | | | |
| PORT | RICHEY FL 34668 | PORT RICHEY FL 34868 | | | DO NOT WRIT | E IN THIS (| SPACE | |
| | | | | | 3. Date Incorporated or Qualified | - 11 11 11 11 11 11 11 11 11 11 11 11 11 | JI AUL | |
| | | | | | 03/19/1993 | | | |
| 2. Prin | ncipal Place of Business | 2a, Mailing Address | | | 4. FEI Number | **** | A | pplied For |
| 21 | | 26 | | | 59-3169208 | | | ot Applicable |
| _ | te, Apt. #, stc. | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | | \$8.75 | Additional |
| 22 | 27 | | | | Comments of Glades Desired | | Fee R | equired |
| — City | & State | City & State | le | | 6. Election Campaign Financing | | \$5.00 | May Be |
| Zip | Country | 28 | 7in County | | Trust Fund Contribution | | | to Fees |
| 24 | Country | Zip 29 | Country | 1 | 8. This corporation owes or has p | | | _ ~ |
| E# | 25 9. Name and Address of Curre | 30 | | Personal Property Tax due Jun 10. Name and Address of New R | | | No | |
| | NAPORANO, JOSEPH S | | 81 | Name | IV. ITEMIO SILU MUNICES UI NOW N | ABISTOLOGY V | Agur | |
| 7021 POTOMAC DRIVE | | | | | | ··- | | |
| PORT RICHEY FL 34668 | | | | Street Addr | ess (P.O. Box Number is Not Accepta | ble) | | |
| | TOTAL NOTICE I'E 04000 | | 83 | | | | | |
| | | | | | | | | |
| | | | 84 | City | | FL | 85 Zip | Code |
| SIGNA | Signature, typed or printed name of registered ago | ations of, Section 607.0505, FI ent and title d applicable (NO? | orida Statutes | š. | oration submitts this statement for the on's board of directors. I hereby acce | purpose of optithe appoint | changing it | registered |
| 12. | | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND | | |
| TITLE | 0/Pres | - | | | | | ☐ Change | Addition |
| NAME | NAPORANO, JOSEPH S | | 1.2 NAME | | | | | |
| STREET AL | | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST- | | | | T - ZIP | | | | |
| TITLE | D/VP | UPLLETE | 2.1 TITLE | | | ļ | ☐ Change | ■ Addition |
| NAME | Barbara Naporano | | 2.2 NAME | | | | | |
| STREET AL | TOURI TOUGHAC DITTE | | 2.3 STREET | | | | | |
| CITY-ST- | Port Richey, FL 3 | 4668 DELETE | 2 4 CITY-ST-ZIP | | | | Channe | Addition |
| NAME | | | 3 1 TITLE | | | i | Change | Addition |
| STREET AD | NORESS. | | 3.2 NAME 3.3 STREET | ADDDECC | | | | |
| CITY-ST- | | | | | | | | |
| TITLE | | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | | | Change | Addition |
| NAME | | | 4. 2 NAME | | | | — Overige | LJ ROUNGH |
| STREET AD | 1 | | 4.2 HAME 4.3 STREET ADDRESS | | | | | |
| CITY-ST-2 | 1 | | 4.4 CITY-ST | | | | | |
| TITLE | DELETE | | 51 TITLE | | | | Change | Addition |
| NAME | 5.5 | | 5.2 NAME | | | • | | |
| STREET AD | DORESS | | 5.3 STREET A | ADDRESS | | | | |
| CITY-ST-Z | <u>IP</u> | | 5.4 CITY - ST | 1 | | | | |
| TITLE | DELETE | | 6.1 TITLE | | | T | Change | Addition |
| NAME | | | 6.2 NAME | 1 | | - | • | |
| STREET AD | DRESS | | 6.3 STREET A | ADDRESS | | | | |
| CITY-ST-Z | ZIP | | 6.4 CITY-ST | | | | | |
| 14. The | ereby certify that the information supplied wi | th this filing does not qualify fo | r the exempti | on stated in S | Section 119.07(3)(i), Florida Statutes. I | further ceri | ify that the | information |
| offic | icated on this annual report or supplementa cer or director of the corporation or the rece ck 12 or Block 13 if changed, or on an attac | I annual report is true and acc eiver or trustee empowered to a | urate and that | t my signature | e shall have the same lenal offect as it | i made und | or oath: tha | d Iaman |

01/00/08