FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 0:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000041449 (8)**

1. Corporation Name
BILL BROTHERS PLASTERING INC.

Principal Place of Business	Mailing Address
RT 3 BOX 5822 PALATKA FL 32177	RT 3 BOX 5822 PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/07/1993	06/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3188300 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASTLEBERRY, RUSSELL D 1520 LEMONWOOD RD JACKSONVILLE FL 32259	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 607.0502 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 _____ (DATE)
(If changing registered agent, registered agent must sign) (If Registered Agent's address is changed, registered agent must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	BROTHERS, WILLIAM E.	12 NAME	
STREET ADDRESS	ROUTE 3, BOX 5822	13 STREET ADDRESS	Route 3 Box 1065
CITY-ST-ZIP	PALATKA FL	14 CITY-ST-ZIP	Palatka, Fl 32177
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	RAKE, HAROLD	22 NAME	
STREET ADDRESS	STAR ROUTE 1, BOX 24	23 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☑ Change ☐ Addition
NAME	BROTHERS, ROBERT E.	32 NAME	
STREET ADDRESS	ROUTE 3, BOX 5822	33 STREET ADDRESS	RT 3 Box 1065
CITY-ST-ZIP	PALATKA FL	34 CITY-ST-ZIP	Palatka, Fl 32177
TITLE	ST	41 TITLE	☑ Change ☐ Addition
NAME	BROTHERS, KATHLEEN L.	42 NAME	
STREET ADDRESS	ROUTE 3, BOX 5822	43 STREET ADDRESS	RT 3 Box 1065
CITY-ST-ZIP	PALATKA FL	44 CITY-ST-ZIP	Palatka, Fl 32177
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Kathleen L Brothers Kathleen L. Brothers 4-27-95 904 658 7957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0404493 FP