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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	BOONE STUCCO, INCORPO	JU5946U (4) Drated			
Principal Place of Business		Mailing Address		· · · · · · · · · · · · · · · · · · ·	4 IDBIILADU ILIA IDITUS KINIK ADIIN ODINI DANK DOIAL BINIY ASIILI ANDLA DIINI DANK IDBI
1181 GAUCHO TERR NORTH PORT FL 34287 US		1181 GAUCHA YERR NORTH PORT FL 34287 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1993
2. Principal P	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0435783 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28	Countr	v	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24	25	—	30	,	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren				10. Name and Address of New Registered Agent
BOONE, JOHN			81	Name	
1181 GAUCHO TERR			82	Street Add	Iress (P.O. Box Number is Not Acceptable)
NORTH PORT FL 34287			63	ļ <u>-</u>	
			0.3	1	
			84	City	FL 85 Zip Code
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, typed or printed name of registered agent, and sille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DA					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLÉ	P	DEL ETE	1.1 TITLE		L. Change Addition
NAME	BOONE, JOHN		1.2 NAME	ł	
STREET ADDRESS	MONAL NA BLO AND			T ADDRESS	
CITY-ST-ZIP TITLE	V	DELETE	1.4 CITY -	51-ZIP	☐ Change ☐ Addition
NAME	BOONE, BRENDA		2.2 NAME		
STREET ADDRESS	A		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	116146116 BL - 1488		2. 4 CITY-	ST-ZIP	_
TITLE	DELETE 3.11		3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY-	ST-ZIP	Observe
TITLE NAME		CT OFFER	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			4.4.BITY-		t
TITLE		☐ DELETE	5.1 JITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	ADDRESS	i i
			= • -		

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 chapter 607, and attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

TITLE NAME

STREET ADDRESS

FILED Mar 25 1998 8:00am Secretary of State

Addition

3-16-98 1423-2292