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

DOCUMENT # P93000067354 (9)

PREMIER PLASTERING, INC.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		i idalidat utt ibida ilili balit darit ostit i	ibrid Aritt idita teidi Errii bidi radi
10450 US 1 N 13853 MACAPA RD. SUITE 1 JACKSONVILLE FL 32246 ST AUGUSTINE FL 32246 US US				DO NOT WRITE IN 3. Date incorporated or Qualified	THIS SPACE
				09/22/1993	I IAU-A F
	ace of Business	26 3755 CR 21	OW Lot	4. FEI Number	Applied For Not Applicable
Suite, Apt. (# oto	25 3 133 CK 210 Suite, Apt. #, etc.	CM TOL		\$9.75 Additional
22	, etc.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	P EI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	Zip	Country	8. This corporation owes or has paid t	
24	25	32259 3	. 11(1	Personal Property Tax due June 30	
	9. Name and Address of Cur-	rent Registered Agent		10. Name and Address of New Regis	tered Agent
PE	PER, RICHARD C JR.		81 Name		
3020 HARTLEY RD.			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
SUITE 350					
JA	CKSONVILLE FL 32257		83		
			84 City		FL 85 Zip Code
		200 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 1		orporation submits this statement for the purp	
office or re	agistored agent or both, in the St.	ate of Florida Such change was auth oligations of, Section 607.0505, Florida	norized by the corpo	oration's board of directors. I hereby accept the	ne appointment as registered
SIGNATURE	Signature, typed or pointed name of registered	s agent and title it applicable (NOTE: Bo	egistered Agent signaturo re	guired when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	PÖ	DELETE	1.1 TITLE		Change
NAME	KOZAK, TRACY L		1.2 NAME		_
STREET ADDRESS	13653 MACAPA RD.		1.3 STREET ADDRESS	3755 CR 210W LOTE	=
CITY-ST-ZIP	JACKSONVILLE FL		1.4 City-St-Zip	Jacksonville, FL 3	32254
TITLE	VSD	☐ DELETE	2.1 TITLE		Change
NAME	KOZAK, MARK D		22 NAME	are an amount of	c
STREET ADDRESS	13653 MACAPA RD.		2.3 STREET ADDRESS	3755 CR 210 W Lot Yucksonville, FL	2 2 2 2 4
City-St-ZiP	JACKSONVILLE FL		2 4 CITY-ST-ZIP	ricksonville, FL	Change Addition
TITLE		☐ DELETE	3.1 TITLE	•	Criange Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE			4.1 HILE 4.2 NAME		
NAME PERSON ADDRESS			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	51 TALE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY . \$1. 71P			6.4 CITY-\$T-ZIP		
14. I hereby	certify that the information supplie	d with this filing does not qualify for t	he exemption stated	in Section 119.07(3)(i), Florida Statutes. I fui	ther 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 u 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 Block 12 or Block 13 if changed, or on an attactiment with an address.