Jun 07, 1999 8:00 am

Secretary of State

06-07-1999 90015 001 ***550.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000067354

1. Corporation Name

PREMIER PLASTERING, INC.

| | · | | | | | | | |
|--|---|-------------------------------|-------------|-----------|--------------------------------|--|--|---------------------------|
| Principal Place of Business Mailing Address | | | | | | | | Rt 81115 6161 1461 |
| 10450 US 1 N 3755 CR 210 W LOT E SUITE 1 JACKSONVILLE FL 32259 ST AUGUSTINE FL 22246 3 2075 US | | | | | | DO NOT WRITE IN | I THIS SPACE | |
| US | , | | | | | 3. Date Incorporated or Qualifed 09/22/1993 | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | Applied For |
| 21 26 | | | | | | <u>59-3201675</u> | 1 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired | • | Additional Required |
| City & Stat | e | City & State | ity & State | | | 6. Election Campaign Financing | | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Added | d to Fees |
| ر ک ^{ا کا} کا | 095 Country | Zip | Cou | ntry | | 8. This corporation owes the current ye | <u></u> | |
| 24 32 | | 29 | 30 | | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Current | Registered Agent | | 81 | Name | 10. Name and Address of New Regis | tered Agent | |
| PEPI | ER, RICHARD C JR. | | į | | Name | | | |
| 3020 HARTLEY RD. | | | | 82 | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | |
| SUITE 350 JACKSONVILLE FL 32257 | | | | 83 | | | | ĺ |
| SACROTATILLE 1 E SZZSI | | | | 84 | City | | FL 85 Zip | Code |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation | of Florida. Such change was a | authorized | l by ti | -named corpo he corporation | ration submits this statement for the purpor's board of directors. I hereby accept the | use of changing it appointment as r | s registered egistered |
| | Signature, typed or printed name of registered agent | | | Agent | signature required | | ATE | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | PD | ☐ DELETE | 1.1 TIT | | | | ☐ Change | Addition |
| NAME | KOZAK, TRACY L | | 12 NA | | | | | |
| STREET ADDRESS | \$1.55 \$1.50 H. = 1.5 | | | REET | ADDRESS | | | } |
| CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | | TY-ST- | ZIP | | | - Addition |
| TITLE | - | | | 2.1 TITLE | | | Change | Addition |
| NAME | KOZAK, MARK D | | 2.2 NA | | | | |) |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP TITLE | JACKSONVILLE FL 32259 2.4 | | | ITY-ST | -ZiP | | ☐ Change | Addition |
| NAME | | C) Deep is | 3.1 III | | | | | , nation |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | | TY-ST- | | | | |
| TITLE | | ☐ DELETE | 4.1 TIT | | | | ☐ Change | Addition |
| NAME | | | 4.2 N | AME | | | • | _ |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | | TY-ST- | | | | 1 |
| TITLE | | ☐ DELETE | 5.1 TIT | | | | ☐ Change | Addition |
| NAME | | | 52 NA | ME | | | | |
| STREET ADDRESS | | | 5.3 ST | REETA | ADDRESS | | | ļ. |
| CITY-ST-ZIP | | | 5.4 CIT | IY-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 changed, or on an attachment with an address, with all other like empowered.

61 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: >

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

Addition