## 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 # 1. Corporation Name

D. B. STUCCO, INC.

Secretary of State P93000073244 (4) 

**FILED** 

May 19 1998 8:00am

Principal Place of Business		Mailing Address		6 (\$\$11486 sife (6468 )inth Saint Saint Abut 19844 hinto vidus \$1571 Aubt 1887	
148 TULANE ROAD VENICE FL 34283		146 TULANE ROAD VENICE FL 34283			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				10/21/1993	
2 Principal Pl	ace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21		26		65-0444696	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ni Registered Agent		10. Name and Address of New Register	ed Agent
HANCOCK, EDITH				Edith Hancock	
146 TULANE ROAD			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
S VENICE FL 34293				46 Tulane Rd	
83 (1/				11/2010 4/2 24	293
			B4 City		95 Zin Code
				•	<b>- L</b>
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Edith Hancock May 1, 98					
Signature, typed or protect name of registered agent and till of applicable (NOTE Registered Agent s			Registered Agent signature r	equired when reinstating) DAT	t. /
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		Change
NAME	HANCOCK, EDITH		1.2 NAME		
STREET ADDRESS	146 TULANE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293	T DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	V	☐ DELETE	2.1 TITLE		L Change L Adolton
NAME	HANCOCK, WILLIAM J JR		2.2 NAME		
STREET ADDRESS	146 TULANE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293	T DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE	V	DELETE	3.1 TITLE		LI Change LI Moultion
NAME	HANCOCK, DARRELL		3.2 NAME		
STREET ADDRESS	146 TULANE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		ר'יו מכרנונ	4.1 IIILE 4.2 NAME		C Augusta C Vanggag
NAME			1		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE		f""] betrut	5.2 NAME		criange recition
NAME ATRICT ADDRESS					
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 City-St-ZiP 6.1 Title		Change Addition
TITLE					Production (** 110011041
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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, or on an attachment with an address.