FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P9400006579 (4)

FOUNTAIN PLASTERING, INC.

Principal Place of Business Mailing Address							
3783 BREEZY COURT ORMOND BEACH FL 32174		3783 BREEZY COURT ORMOND BEACH FL 32174					
						3. Date Incorporated or Qualified 3a. Date of Last Report 01/18/1994 02/21/1995	
	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		Suite, Apt. #, etc.				59-3222926 Not Applicable	
Suite, Apt 1 22		27				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State)	Crty & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country Zip Coun		intry		8. This corporation has liability for intangible tax under s 199.032,		
24	25	29	30			Florida Statutes X Yes No	
	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New Registered Agent	
FOLIN	CTAIN DANIEL D						
	Itain, Daniel R Breezy Court			82	Street	eet Address (P.O. Box Number is Not Acceptable)	
	OND BEACH FL 32174			83			
				84	City	85 Zip Code	
	70-1	7.007.4500.5: :1.00.4		لـــا	L	FL 50 51 52 53 53 53 53 53 53 53	
SIGNATURE	th, and accept the obligations of, Sec Signal or, typed or printed name of registered age OFFICERS AN			d Aj en	nt signature	ure reguland when reinstating: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TiTLE	D	☐ DELETE	1.11	1. 1 TITLE		☐ Change ☐ Addition	
NAME	FOUNTAIN, DANIEL R		12 N	1.2 NAME			
STREEF ADDRESS	3783 BREEZY COURT		138	TREET	ADDRESS	SS	
CGY+SI+ZIP	ORMOND BEACH FL 3217		140	ITY-S	1 - ZIP		
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NAME			2 2 NAME				
STREET ADDRESS			1		ADDRESS	'SS	
CITY ST ZIP	ļ.,	☐ DELETE			T-ZIP	Change Addition	
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STREET ADDRESS					T ADORESS	566	
CITY ST ZIP					T - ZIP		
TIPLE			4.1 THLE			Change Addition	
NAME			4.2 NAME				
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NAMI			5.2 NAME				
STREET ADDRESS	i i		538	TREET	ADDRESS	SSS	
City-St-ZiP	a a a a a a a a a a a a a a a a a a a		5 4 CITY - ST - ZIP		S1 - ZIP		
THLE		☐ DELETE	6 1 TITLE			Change Addition	
NAM!			6.2 NAME 6.3 STREET ADDRESS		4000100		
STREET ADDRESS			1			292	
City - \$1 - 7/P 14. Loo heret	The certify that the information supplied	with this filing is voluntarily furn			ST-ZIP is not au	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	
certify that oath; that	it the information indicated on this arm	nual report or supplemental and location or the receiver or truste	nual report e empowe	is tru	ue and a	d accurate and that my signature shall have the same legal effect as if made under ecute this report as required by Chapter 607, Florida Statutes, and that my name	

SIGNATURE: January January 1-26-96 904-672-2965

CR2E034 (12/95