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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000010341 (3)

APACHE STUCCO, INC.

Principal Pla	ace of Business	Mailing Address					
451 CIDERMI LAKE MARY		POST OFFICE BOX 952435 LAKE MARY FL 32795-2435					
]					3. Date Incorporated or Qualified 02/02/1994	3a. Date of Last Rep 01/31/1996	port
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		lied For
21		26		59-3224646	Not Applicable		
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Ad Fee Req		
City & State		City & State 28		6. Election Campaign Financing Trust Fund Contribution	,		
Zip	Country	Zip	Countr	у	8. This corporation has liability for		199.032,
24	25	29				Yes No	
	9. Name and Address of Curr	rent Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	MBERT, LINDA		[*]	Name			
	1 CIDERMILL PLACE		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
LA	KE MARY FL 32748		83				
1							
			84	City		FI 85 Zip Co	ode
11. Pursuai	nt to the provisions of Sections 607.0	1502 and 607 1508. Florida Statu	tes, the abov	/e-named co	rporation submits this statement for the p	purpose of changing its	registered
office o	r registered agent, or both, in the Sta	ate of Florida, Such change was	authorized b	y the corpor	ation's board of directors. I hereby accep	ot the appointment as re	gistered
		andella		DH A	LAMBERT	1/10/9	7
SIGNATURI	Signature (Application products of the signature of the s	agent and the ill applicable (NO			uired when reinstaling)	DATE	<del>/</del>
12.	with the same that the same th	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 TITLE	. ]		Change	Addition Addition
NAME	LAMBERT, RONALD C		1.2 NAME				
STREET ACCRES	101 01001 111100 11010			1 ADDRESS			
CHTY-ST-ZIP	LAKE MARY FL 32746	DELETE	1,4 CITY -	ST-ZIP			A 4 P0
TILE	D	DELETE	21 TITLE			Change	Addition
NAME	LAMBERT, LINDA J		2.2 NAME		•		
STREET ADDRES	14. 0.22			T ADDRESS			
CITY-ST-ZIP TITLE	LAKE MARY FL 32746	DELETE	2 4 CITY 3 1 TITLE			Change	Addition
NAME			3.2 NAME	1		La Chariga	
STREET ADDRESS	ec			T ADORESS			
C(1) Y - ST - ZIP	tor .		3.4. City			•	
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	E			
STREET ADDRES	ss		4.3 STREE	T ADDRESS			
CITY ST-ZIP			4.4 CITY -	ST-ZIP			_
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	:			
STREET ADDRES	ss		53STREE	T ADDRESS			

6.4 CITY-ST-ZIP 14. Ido 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,il changed, or on an attachment with an address.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

SIGNATURE:

CITY - \$1 - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

DELETE

**FILED** 

Jan 17 1997 8:00am

Secretary of State

407.321-8418

Addition