

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 6:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011268

1. Corporation Name

B & B STUCCO INC.

Principal Place of Business

Mailing Address

**8265 SHUMOCK AVE
NORTH PORT FLA.
34287**

**P.O. Box 3783
VENICE FLA.
34293**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

2-10-94

2. Principal Place of Business

2a. Mailing Address

21 8265 SHUMOCK AVE

26 P.O. Box 3783

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 North Port FLA.

28 Venice FLA.

Zip

Country

Zip

Country

24 34287

25 US

29 34293

30 US

4. FEI Number

Applied For

65-0461507

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032.

Florida Statutes

☒ YES

☐ NO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Gerald G. Barth
506 Roma Rd.
Venice FLA 34292**

81 Name

JAMES WESLEY BOONE JR.

82 Street Address (P.O. Box Number is Not Acceptable)

8265 SHUMOCK AVE.

83

84 City

NORTH PORT

FL

85 Zip Code

34287

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JAMES W. BOONE JR.

JAMES W. BOONE JR. PRESIDENT

4-28-95

Signature typed or printed name of registered agent and fee if applicable

PRINT Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT**
NAME **JAMES W. BOONE JR.**
STREET ADDRESS **8265 SHUMOCK AVE**
CITY ST ZIP **NORTH PORT FLA. 34287**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
700001476707
-05/05/95--01008--014
******208.75 ****208.75**

TITLE **VICE-PRESIDENT**
NAME **EVELYN M. BOONE**
STREET ADDRESS **8265 SHUMOCK AVE.**
CITY ST ZIP **NORTH PORT FLA. 34287**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

TITLE **SECRETARY**
NAME **EVELYN M. BOONE**
STREET ADDRESS **8265 SHUMOCK AVE.**
CITY ST ZIP **NORTH PORT FLA. 34287**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

JAMES W. BOONE JR.

4-28-95

(S13)

423-4231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CB