

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000011268 (7)

1. Corporation Name

B & B STUCCO, INC.



Principal Place of Business

Mailing Address

8265 SHUMOCK AVE.
N. PORT FL 34287

P.O. BOX 3783
VENICE FL 34293

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BOONE, JAMESO W
8265 S. HUMOCK AVE.
N. PORT FL 34287

3. Date Incorporated or Qualified

02/10/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0461507

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1101C (CHANGE ADDRESS ONLY)

83 1902 SCOTTIES PLACE

84 City NOKOMIS.

FL

85 Zip Code 34275

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

Signature typed or printed (Name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME BOONE, JAMES W
STREET ADDRESS 8265 SHUMOCK AVE.
CITY-ST-ZIP N. PORT FL 34287

☐ DELETE

TITLE VS
NAME BOONE, EVELYN M
STREET ADDRESS 8265 SHUMOCK AVE.
CITY-ST-ZIP N. PORT FL 34287

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE CHANGE
(ADDRESS ONLY)
12 NAME
13 STREET ADDRESS 1902 SCOTTIES PLACE
14 CITY-ST-ZIP NOKOMIS FLA. 34275

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS 1902 SCOTTIES PLACE
24 CITY-ST-ZIP NOKOMIS, FLA. 34275

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Evelyn M Boone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96

941-488
4610

Daytime Phone

CR2E034 (12/95)