DÉCOND NITICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG 13 AM 10: 30



DOCUMENT # P9400050072 (5) NAPLES PLASTERING AND DRYWALL, INC.								SECREDATY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address												
6251 WHITAK	6251 WHITAKER R	251 WHITAKER ROAD										
NAPLES FL 34112 NAPLES FL 34112								DO NOT WOLFE	IN THE OD 4	05		
]								DO NOT WRITE 3. Date Incorporated or Qualified	3a, Date		Report	
-								07/01/1994	01/13			
	Place of Busin	ness	2a. Mailing Addres	2a. Mailing Address				4. FEI Number	טרעט		pplied For	
21			26					65-0505813			lot Applicable	
Sulte, Apt	t. #, etc .		Suite, Apt. #, e	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22			27					C. Commode of States Dosing			Required	
City & Sta	ate		City & State				6. Election Campaign Financing			May Be		
Zip	Country		28		Country			Trust Fund Contribution Added to				
24	25		29		30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No				
		and Address of Curren			<u> </u>			10. Name and Address of New Reg	istered Age			
SA	INTONASTA:	SO, MARLENE			81	Name						
62	51 WHITAKE	R ROAD			82 Street Addr			dress (P.O. Box Number is Not Acceptable)				
NAPLES FL 34112						0001		to the box trailed to their template	<u> </u>			
					83							
						City		40.000.000	8	5 Zip	Code	
Purcuso	t to the provin	ions of Sections CO7 OCO	3 and 607 1600 Florida	Ctat das	46	<u> </u>				1 '		
office or	registered ag	ent, or both, in the State th, and accept the obliga	of Florida, Such change	was aut	norized by	e-named / the cor	poratio	ration submits this statement for the plan's board of directors. I hereby accep	urpose of cha t the appoint	anging i ment as	its registered s registered	
agoni	Carrings miles 441	in, and accept the obliga	mons of, Section 607.05	ous, Fioria	a Statutes	5.						
SIGNATURE		or printed name of registered age	nt and title if applicable	(NOTE: Re	egistered Age	ent signatur	e required	1 when reinstating)	DATE			
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTO	RS IN 12		
TITLE	P		☐ DETE	TE	1.1 TITLE					Change	Addition	
NAME SANTONASTASO, MARLENE				1.2 NAME								
STREET ADDRESS 6251 WHITAKER ROAD CITY-ST-ZIP NAPLES FL 34112				1.3 STREET ADDRESS								
CITY-ST-ZIP TITLE	MAPLES	FL 34112	DELE	16	1.4 CITY-S 2.1 TITLE	T-ZIP				Change	Addition	
NAME				L. Decerte		2.2 NAME				стинце	L Augilion	
STREET ADDRESS	iess				2.3 STREET ADDRESS							
CITY-ST-ZIP					2. 4 CITY - ST - ZIP							
TITLE			DELE	TE	3.1 TITLE		T			Change	Addition	
NAME					3.2 NAME		1	4000022 -08/15/3	689	34	9	
STREET ADDRESS					3.3 STREET	ADDRESS		-08/15/3	<u> </u>	14	-005	
CITY-ST-ZIP					3.4. CHY- S	31 - ZIP		****165				
TITLE			DELE	TE .	4.1 TITLE				Ш	Change	Addition	
NAME					4.2 NAME							
STREET ADDRESS					4.3 STREET							
CITY-ST-ZIP TITLE	 		☐ DELE	YE	4.4 CITY-S 5.1 TITLE	1 - ZIP				Change	☐ Addition	
NAME			<i>beer</i>		5.2 NAME				L	ormilia	LT VOOIDOU	
STREET ADDRESS					5.3 STREET	ADDRESS						
CITY-ST-ZIP					5.4 CITY-S							
TITLE		····	DELE	TE	6.1 TITLE		<u> </u>			Change	Addition	
					6.2 NAME			Z,				
LET ADDRESS				F	6.3 STREET	ADDRESS		A	15/97			
CITY-ST-ZIP	<u> </u>				6.4 CITY-S	T-ZIP	<u></u>	8/.	12/97	*		

14. I do 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 changed, or on an attachment with an address.

IGNATURE AND SIGNADIANG REQUERING A

2/20/20

CR2E034 (4/97)

PERRINO & ASSOCIATES

Certified Public Accountants and Consultants
A Professional Corporation

Suite 133
4100 Corporate Square
Naples, Florida 34104
Telephone (813) 434-8299
Fax (813) 434-7240

214 South Sixth Street Springfield, Illinois 62701 Telephone (217) 523-4123 Fax (217) 523-5929

Suite 300

July 29, 1997

Annual Report Filings Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re: Naples Plastering & Drywall, Inc Doc #P9400050072

Dear Sir or Madam:

Per the instruction of one of your representatives, I am enclosing the 1997 Annual Report and a check for \$165 on behalf of the above referenced company.

In January of 1997, the company was reinstated. It was understood that the reinstatement fee included the \$165 for 1997. After receiving the second notice from your office, the company was made aware that the reinstatement fee did not include 1997.

Under the circumstances, I respectfully request that the State accept the payment enclosed of \$165 for 1997 and that no late charge be assessed.

Truly Yours,

resory Perrino

Enclosures

