

FILED

Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90250 025 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000057469

1. Corporation Name

ULTIMATE PLASTERING, INC.



Principal Place of Business 1177 STILLWOOD COURT PORT ORANGE FL 32119	Mailing Address 1177 STILLWOOD COURT PORT ORANGE FL 32119
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 291640 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 291640 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/03/1994	
22 City & State 23 Port Orange, FL.		27 City & State 28 Port Orange, FL.		4. FEI Number 59-3262104	
24 32129		25 Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 32129		30 Volusia		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FLEEMIN, JOHN D 1177 STILLWOOD COURT PORT ORANGE FL 32119				10. Name and Address of New Registered Agent	

81 Name		82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 291640	
83		84 City Port Orange	
85 Zip Code 32129		86	

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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	FLEEMIN, JOHN D		
STREET ADDRESS	1177 STILLWOOD CT		
CITY-ST-ZIP	PORT ORANGE FL 32119		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	FLEEMIN, JOANNE J		
STREET ADDRESS	1177 STILLWOOD CT		
CITY-ST-ZIP	PORT ORANGE FL 32119		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	29 Arrowhead Circle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Ormond Beach, FL. 32174.		
1.3 STREET ADDRESS	P.O. Box 291640		
1.4 CITY-ST-ZIP	Port Orange, FL 32129		
2.1 TITLE	29 Arrowhead Circle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Ormond Beach, FL. 32174.		
2.3 STREET ADDRESS	P.O. Box 291640		
2.4 CITY-ST-ZIP	Port Orange, FL 32129		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *Joanne J. Fleemin* - Joanne J. Fleemin 2-16-99 \* (904) 672-9244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If

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