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

CORPORATION ANNUAL REPORT



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

23

24

Zip

1998

P94000076536 (9)

WISEMAN, ROBERT

-	WISEMAN STUCCO, INC.				
	Principal Place of Business Mailing Address				
	7752 SANCTUARY DRIVE CORAL SPRINGS FL 33065	7752 SANCTUARY DRIVE CORAL SPRINGS FL 33065	DO NOT WRITE IN THIS SP		
			Date Incorporated or Qualified 10/18/1994		
	2. Principal Place of Business	26. Mailing Address	4. FEI Number		
	21	26	65-0488027		
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired □		
	City & State	City & State	6. Election Campaign Financing		

7752 SANCTUARY DRIVE Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 83 84 City Zip Code

Name

Country

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.

age in the transfer of the configuration of the con										
SIGNATURE Signature typing or printed name of registered agent and title if a relicable (NOTE: Registered Agent signature required when reinstating) DATE										
		7	(NOTE: Registered Agent signature required when reinstating)		DATE					
12.	OFFICERS AND DIREC	NAME OF THE OWNER OWNER OF THE OWNER OWNE	13.	ADDITIONS/CHANGES TO C						
TITLE	DP .	☐ DELETE	1.1 TITLE		☐ Change	Addition				
NAME	WISEMAN, ROBERT		1.2 NAME							
STREET ADDRESS	7752 SANCTUARY DRIVE		1.3 STREET ADDRESS							
CITY-ST-2IP	CORAL SPRINGS FL		1.4 CiTY-St-ZiP							
TITLE	DST	☐ DEL et e	2 1 TITLE		☐ Change	Addition				
NAME	WISEMAN, MARGARET		22 NAME							
STREET ADDRESS	7752 SANCTUARY DRIVE		2.3 STREET ADDRESS							
CITY-ST-2IP	CORAL SPRINGS FL		2.4 CITY - ST - ZIP							
TITLE		DELETE	3.1 TITLE		☐ Change	Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP	<u></u>		3.4. CITY - ST - ZIP			•				
TITLE		☐ DELETE	4.1 TITLE		Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP	<u></u>		4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY - ST - ZIP							
TITLE		☐ DELETE	6.1 TITLE		Change	Addition				
HAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
OUTY OF THE			CACITY OF 71D							

14. Thereby 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.

1. 20 1000 950-344-1439

FILED

May 07 1998 8:00am

Secretary of State

Trust Fund Contribution

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

8. This corporation owes or has paid the current year intangible

ACE

☐ Yes

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be

Added to Fees