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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra R. Mathum Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000083962 (8) 1. Corporation Name PROFESSIONAL POOL PLASTERING CO., INC.			
Principal Place of Business 18335 SHADOWAY AVE. PORT CHARLOTTE FL 33948		Mailing Address 18335 SHADOWAY AVE. PORT CHARLOTTE FL 33948	
2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Apt. #, etc. 24 Country		25. Mailing Address 26 State Apt. #, etc. 27 City & State 28 Apt. #, etc. 29 Country 30	
3. Date Incorporated or Qualified 11/14/1994		3a. Date of Last Report 11/14/1994	
4. FEI Number 65-05 34303		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	
7. This corporation has liability for intangible tax under C. 192.022, Florida Statutes ☐ Yes ☒ No		8. Name and Address of Current Registered Agent KIRBY, CAROL L 2064 DELTA ST. PORT CHARLOTTE FL 33494	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607 (0642) 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 (0642), Florida Statutes.			
SIGNATURE Signature of person named as registered agent (if other than director) _____ DATE _____ Signature of person named as registered agent (if registered agent) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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SIGNATURE: *Rita Kaufman* Rita Kaufman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95
Date

813 255-9504
Telephone Number