

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014120 (6)

1. Corporation Name

BOB GANNAWAY PLASTERING, INC.



Principal Place of Business

Mailing Address

43 CORMORANT DRIVE
KEY LARGO FL 33037

43 CORMORANT DRIVE
KEY LARGO FL 33037

3. Date Incorporated or Qualified
02/17/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
650591587

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GANNAWAY, ROBERT T
43 CORMORANT DRIVE
KEY LARGO FL 33037

31. Name

32. Street Address (P.O. Box Number is Not Acceptable)

33

34. City

FL

35. Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GANNAWAY, ROBERT T
STREET ADDRESS 43 CORMORANT DR.
CITY - ST - ZIP KEY LARGO FL 33037

☐ DELETE

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME GANNAWAY, JOHN E
STREET ADDRESS 55 FLORIDA AVE.
CITY - ST - ZIP KEY LARGO FL 33037

☒ DELETE

21.1 TITLE
21.2 NAME
21.3 STREET ADDRESS
21.4 CITY - ST - ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

31.1 TITLE
31.2 NAME
31.3 STREET ADDRESS
31.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

41.1 TITLE
41.2 NAME
41.3 STREET ADDRESS
41.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

51.1 TITLE
51.2 NAME
51.3 STREET ADDRESS
51.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

61.1 TITLE
61.2 NAME
61.3 STREET ADDRESS
61.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert T. Gannaway
Signature and Typed or Printed Name of Signing Officer or Director

6/5/96 (305) 457-9446
Date Daytime Phone

CR2E034 (3/96)