FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000025036 (1)**

1. Corporation Name

COASTAL STUCCO OF THE PALM BEACHES, INC.

Principal Place of Business

C/O W.J. TREMBLAY, P.A.
1801 S. FEDERAL HWY. STE 219
DELRAY BEACH FL 33483

Mailing Address

C/O W.J. TREMBLAY, P.A.
1801 S. FEDERAL HWY. STE 219
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: **03/27/1995**

3a. Date of Last Report:

4. FEI Number: **59-3312830** ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip | 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip | 30 Country

9. Name and Address of Current Registered Agent

W.J. TREMBLAY, P.A.
1801 S. FEDERAL HWY., STE 219
DELRAY BEACH FL 33483

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 Section 607.0502 and 617.1905, 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:

12. OFFICERS AND DIRECTORS

TITLE: D *
NAME: OLIVER, TIM
STREET ADDRESS: 8209 DESMOND DR.
CITY ST ZIP: BOYNTON BEACH FL 33437

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE: PTS ☐ Change ☒ Addition
1 NAME:
1 STREET ADDRESS:
1 CITY ST ZIP:

2 TITLE: ☐ Change ☐ Addition
2 NAME:
2 STREET ADDRESS:
2 CITY ST ZIP:

3 TITLE: ☐ Change ☐ Addition
3 NAME:
3 STREET ADDRESS:
3 CITY ST ZIP:

4 TITLE: ☐ Change ☐ Addition
4 NAME:
4 STREET ADDRESS:
4 CITY ST ZIP:

5 TITLE: ☐ Change ☐ Addition
5 NAME:
5 STREET ADDRESS:
5 CITY ST ZIP:

6 TITLE: ☐ Change ☐ Addition
6 NAME:
6 STREET ADDRESS:
6 CITY ST ZIP:

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, if applicable, or on an attachment with an address.

SIGNATURE: [signature] 2/4/96 (407) 243-6355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR