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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000025082 (5)

J. J. & N. PLASTERING, INC.

Principal Place	a of Business	Mailing Address							
27147 EDEN BRIDGE COURT BONITA SPRINGS FL 33923		9720 PINES BLVD PEMBROKE PINES FL 33024-8228 US							
•						 Date Incorporated or Qualified 03/29/1995 		of Last Re 1/1996	eporl
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26			65-0569001 Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zφ	Country	Zip	Co	untry	'	8. This corporation has liability for i	ntangible ti	ax under s.	. 199.032,
24	25	29	30				Yes 🗌		
	9. Name and Address of Current	Registered Agent		ļ <u>.</u> ,	, <u></u>	10. Name and Address of New Re	pistered A	jent	
	L, JAMES			81	Name -				
27147 EDEN BRIDGE COURT				82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)	***************************************	
BON	IITA SPRINGS FL 33923								
				83					
				84	City	**************************************	FL	85 Zip (Code
44 Durawant	to the provisions of Sections 607 0500	and 607 1609 Florida Statu	ton the		named cor	poration submits this statement for the p		hanging it	e ranietarad
agent La	registered agent, or both, in the state of im familiar with, and accept the obligation Supersecution of registered agent.	ons of, Section 607.0505, F	lorida Sta	atutes	5.	ition's board of directors. I hereby acceptions to board of directors. I hereby acceptions are selected when reinstating)	DATE	nitrnent as	registered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		DIRECTOR	IS IN 12
TITLE	DPST	DELETE	1,1 3	ATLE				Change	Addition
NAMÉ	PIGA, JAMES		1.21	IAME	ł				
STREET ADORESS	27147 EDEN BRIDGE COURT		1.3 9	STREET	ADDRESS				
-City-S1-ZiP	BONITA SPRINGS FL 33923		1.4 (CITY-S	T-716				
TILLE		DELETE		ITLE	<u> </u>			Change	Addition
NAME			2.21	NAME					
STREET ADDRESS			2.3 !	STREET	ADDRESS				
CITY -ST - 7/2					ST-ZIP				
III.E		☐ DELETE		ITLE				Change	Addition
NAME			3.21	NAME					
STREET ADDRESS			3.3 5	STREET	ADORESS				
CFTY - ST - ZIP			3.4.	CITY-	ST-ZIP				
mil		DELETE		TITLE				Change	Addition
NAME			4.2	NAME				•	
STREET ADDRESS			4.3	STREET	AODRESS				
.CITY - ST - ZIF	ł			CITY-S	J				
TIFLE		DELETE		TITLE		** <u>***********************************</u>		Change	Addition
NAME			5.21	AME	!			•	
-STREET ADORESS					ADDRESS				
CITY-ST ZIE			1	CITY-S					
101F		DELETE		TITLE				Change	Addition
NAME			6.21	NAME				-	
PTOTEL AND OCCU					ADDRESS				

SIGNATURE:

JAMES PIGA

6.4 CITY-ST-ZIP 14. I do 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.

4/7/97

941-454-5438

FILED

Apr 23 1997 8:00am

Secretary of State

Daytime Phone #