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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041231 (8)

R & L PLASTERING, INC.

Suite, Apt. #, etc.

	Add to			
Principal Place of Business	Mailing Address			
9268 LAZY LANE TAMPA FL 33614	9266 LAZY LANE TAMPA FL 39614	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1995		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fo	
21	26	59-3195115	Not Applic	

Suite, Apt. #, etc.

Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm IP}$ Country 8. This corporation owes or has paid the current year Intangible 24 X Yes 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent Name TESTA, PHILIP J 4726-B N. LOIS AVE. Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33614** 83

11. Pursuant to the provisions of Sections 607.050? 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

84 City

•	n familiar with, and accept the obligations of				
SIGNATURE	Signature, typed or printed name of repistered agent and time	dapplicable (NOT	Registered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS AND DIREC	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	0	DELETE	1.1 TITLE	☐ Change	Addition
NAME Î	Lopez, raul jr		1.2 NAME		
STREET ADDRESS	3132 IOLEWILD AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE	☐ Change	Addition
NAME	VIAMONTE, LUIS		2.2 NAME		
STREET ADDRESS	3008 W. HENRY AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		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			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			4.4 CITY-SY-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
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
·- ·					

14. 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 altachment with an address.

SIGNATURE:

2-17-58

531-4211

FILED

Apr 08 1998 8:00am

Secretary of State

5. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional

Zip Code

85