

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90003 006 \*\*\*150.00

DOCUMENT # P95000057006

1. Corporation Name

DAVID WELCH PLASTERING AND LATH, INC.



Principal Place of Business

10800 AVENIDA DE RIO  
DELRAY BEACH FL 33446

Mailing Address

10800 AVENIDA DE RIO  
DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

65-0597894

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4601 osceola Pt. Trail

Suite, Apt. #, etc.

22

City & State

23 Kissimmee, FL

Zip

24 34746

Country

25 U.S.A.

2a. Mailing Address

26 4601 osceola Pt. Trail

Suite, Apt. #, etc.

27

City & State

28 Kissimmee, FL

Zip

29 34746

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

WELCH, DAVID E  
10800 AVENIDO DEL RIO  
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

81 Name

David E. Welch

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

4601 osceola Pt. Trail

83

84

City Kissimmee

FL

85 Zip Code

34746

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

TITLE PTD ☐ DELETE

NAME WELCH, DAVID E

STREET ADDRESS 10800 AVENIDA DE RIO

CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE VSD ☐ DELETE

NAME WELCH, DALICIA F

STREET ADDRESS 10800 AVENIDA DE RIO

CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

PTD Welch, David E.

4601 osceola Pt. Trail

Kissimmee, FL 34746

VSD ☒ Change ☐ Addition

Welch, Dalicia F.

4601 osceola Pt. Trail

Kissimmee, FL 34746

☐ Change ☐ Addition

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14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99

736-1041

CR2E034 (1/98)

0577191