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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90003 006 ***150.00

DOCUMENT # P9500057006

1. Corporation Name

DAVID WELCH PLASTERING AND LATH, INC.

Principal Place of Business

Mailing Address

| 1 | | | 00119 Blit 1881 |
|---|--|--|-----------------|

| 10800 AVENIDA DELRAY BEACH | | 10600 AVENIDA DE RIO DELRAY BEACH FL 33446 | 24 | DO NOT WRITE IN THIS 3. Date incorporated or Qualifed 07/24/1995 4. FEI Number | | olied For |
|--|---|--|--|--|----------------------------------|----------------------------|
| | scole Pt. Trail | 26 4601 Oxeolo 1 | H. Trois | 65-0597894 | Not | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 A | |
| 22 | | 27 | - | | Fee Rec | · |
| City & State | nnee H | City & State | 2 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 ! Added to | • 1 |
| 23 <i>M75571</i> | Country 1 | | ountry | 8. This corporation owes the current year Int. | | 7.000 |
| 24 334 | 746 25 0.5.4. | 29 34 796 30 | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Current | Registered Agent | - - | 10. Name and Address of New Registered | Agent | |
| AAIFE I | CH DAVID E | | 81 Name | lavid E. Wilds | | |
| | CH, DAVID E 10 AVENIDO DEL RIO | | | dress (P.O. Box Number is Not Acceptable) | Foil . | |
| i | RAY BEACH FL 33446 | | 83 | 1 oxec & Hist 1. | | |
| | | | | | | |
| | | | 84 City | Simule FL | 85 Zip C | ode |
| 11. Fursuant | to the provisions of Sections 607.0502 | and 607.1508; Florida Statutes, the | above-named co | rporation submits this statement for the purpose of | changing its r | registered |
| office or n | egistered agent, or both, in the State m familiar with and accept the object | of Florida. Such change was authorizations of Section 607.0505 | ed by the corpora | rporation submits this statement for the purpose of tition's board of directors. I hereby accept the appoint | ntment as reg | istered |
| | | | | | | |
| | the total think | Vord | tool 6 | weld. | | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable. (NOTE: Register | red Agent signature requ | ired when reinstating) DATE | | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable. (NOTE: Register D DIRECTORS 13 | red Agent signature requi | ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN | ND DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered agent OFFICERS ANI | and the if applicable. (NOTE: Register D DIRECTORS 1.1 | red Agent signature requi | ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN | ND DIRECTO | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered agent OFFICERS AND PTD WELCH, DAVID E | I and title if applicable. (NOTE: Register D DIRECTORS 1.1 D DELETE 1.1 1.2 | red Agent signature requi | ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN | ND DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered agent OFFICERS ANI PTD WELCH, DAVID E 10800 AVENIDA DE RIO | I and title if applicable. (NOTE: Register D DIRECTORS 1.1 D DELETE 1.1 1.2 1.3 | red Agent signature requipment of the state | ADDITIONS/CHANGES TO OFFICERS AND DELLA DOUGH F. T. Troil | ND DIRECTO | RS IN 12 |
| SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered agent OFFICERS ANI PTD WELCH, DAVID E 10800 AVENIDA DE RIO DELRAY BEACH FL 33446 | I and title if applicable. (NOTE: Register D DIRECTORS 1.1 D DELETE 1.1 1.2 1.3 1.4 | red Agent signature requipments. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN | ND DIRECTOR | RS IN 12 |
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CITY-ST-ZIP 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 of 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 of the receiver or trystee 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 an automorphism of the receiver of the corporation of the corporat

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

☐ Change

☐ Addition