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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZiP

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FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076456 (9)

NATIVE STONE & PLASTERING, INC.

Mailing Address Principal Place of Business 4720 SOUTH BLUE BIRD TERRACE 4720 SOUTH BLUE BIRD TERRACE LECANTO FL 34461-9520 LECANTO FL 34461 3. Date Incorporated or Qualified 3a, Date of Last Report 09/28/1995 02/28/1996 2. Principal Flace of Business Mailing Address 4. FEI Number Applied For 59-3332366 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zm Country Zφ This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FISKE, RONALD L JR. 4720 SOUTH BLUE BIRD TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **LECANTO FL 34461** 83 City Zip Code 85 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, Soction 607.0505, Florida Statutes. Signature, typed or product name of mystered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, 12. DELETE 1.1 TITLE Change Addition TIFLE FISKE, RONALD L JR. 1.2 NAME R2E034 NAME 4720 SOUTH BLUE BIRD TERRACE 1.3 STREET ADDRESS STREET ADDRESS LECANTO FL 34461 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THILE 2.1 TITLE CHARLTON, BRUCE NAME 22 NAME **5985 SOUTH CHESTNUT TERRACE** 2.3 STREET ADDRESS STREET ADDRESS LECANTO FL 34461 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST ZIF DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 44 City - ST-ZIP CITY-ST-7IP Addition DEFELE 51 TITLE Change THLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHY-SI-ZiC DELETE ☐ Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE: X RANGELL A TITLE TRANSPORTED NO 1697 352)621-194

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

nt with an address.

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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