## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000092333 (0)

	JACALO	ONE/WALL FLACING SPECIA	LTIES, INC.					
Pric	icipal Place	Mailing Address	Address			I RESIDER IIO IDIBI ERIIL BOIRL DENIN BRIN ERIID IDIRA IIDEO VIIDO IINEE IIDI IDEO		
101 INDIAN BEND RD. St. Augustine Fl. 32095			101 Indian Bend Rd. St. Augustine FL 32095					
							3. Date Incorporated or Qualified 12/04/1995 3a. Date of East Report	
2. Principal Place of Business			2a. Mading Address				4. FEI Number	
Suite Apt # etc			26			·	Not Applicable	
22			27				5. Certificate of Status Desired Section Fee Required	
23	City & State	?	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
	Žτρ	Country	Zip	Cou	ntry	,	8. This corporation has tiability for intangible tax under s. 199 032,	
24		25	29	30			Florida Statutes Yes No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent  81 Name		
		ll, Kerry L			81	Name		
101 INDIAN BEND RD.					82	Street A	ddress (P.O. Box Number is Not Acceptable)	
ST. AUGUSTINE FL 32095				}	83	<b>—</b>		
					00	<u>.</u>		
					84	City	FL 85 Zip Code	
11.	Pursuant to	o the provisions of Sections 607 0502 egistered agent or both, in the State (	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the about the substitution of the substitu	ove hv	named oc	orporation submits this statement for the purpose of changing its registered alron's board of directors. Thereby accept the appointment as registered	
	age: III. Tai	n lamiliar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statu	ites	110 co.ps.	and a bound of threetors. Thereby accepts the appointment as registered	
SIG	NATURE	Signature Byzed to professionate of regels red ager	it and the diapper, about (NOT	E Registered	i A je	oil's grature re	quire f when reinstating? OAR	
12.	_ 1 ,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE			DELETE	fE 11∏it€		<u></u>	Change Addition	
NAME	0.10.120112, 0002111			1.2 NAME				
	REET ADDRESS 256 HAWTHORNE RD.			1.3 \$1		ADDRESS		
CHY-	ST-ZIP ST. AUGUSTINE FL 32086		pr. rrc			T - ZIP		
NAME		MANALANT IEMBERA A			2.1 TIRLE		Change Addition	
	EET ADDRESS 256 HAWTHORNE RD.				2.2 NAME 2.3 STREET ADDRESS			
	230 FAW THOMPE ND.  ST. AUGUSTINE FL 32086				2 4 CiTY - ST-7iP			
TITLE		D DELETE		3 1 TIFLE		71.71	Change Add tion	
NAME				3.2 NAME			Contrago Contrago	
STREE	STREET ADDRESS 115 QUEEN RD.		3351		3 3 STREET ADDRESS			
CITY -	CITY-ST-ZIP ST. AUGUSTINE FL 32086			3 4 CI	3.4 CITY-ST-ZIP			
TITLE		<del> </del>		4111				
NAME	**************************************			4 2 NAME				
	STREET ADDRESS 115 QUEEN RD.			4.3 STREET ADDRESS				
CITY -	ST-ZIP				1.4 CITY - ST - ZIP		The state of the s	
NAME			L. DELEGE	5.1 TIFLE 5.2 NAME		Ì	Change Addition	
	T ADDRESS					AUDOCOO		
	ST-ZIP			53 STF		ADDRESS T. 7/0		
TITLE			DELETÉ			· 21F	Cnange Addition	
NAME			—	6.2 NAI			Thomas I required	
STREE	T ADDRESS		1			ADDRESS		
	ST-ZiP			6 4 CIT	Y - SI	E-ZIP		
14.	I do herebi further ceri made unde that my na	y certify that the information supplied fily that the information indicated on t er oath, that I am an officer or directo me appears in Block 12 or Block 13 if	with this filing is voluntarily for his annual report or suppleme r of the corporation of the rece changed, or or an attachmon	nished ar ntal annua liver or tru t with an a	id d al re stee iddi	ioes not que port is true e empowe ress	ialify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I e and accurate and that my signature shall have the same legal effect as it red to execute this report as required by Chapter 617, Florida Statutes, and	

SIGNATURE: 1/

904 79743 25