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 # P96000021032 (3)

GUTHRIE STUCCO & CO., INC.

Principal	Place	of	Business
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Mailing Address

FILED May 08 1998 8:00am Secretary of State



ROUTE 2. BO PALATIKA FL		ROUTE 2. BOX 1828 PALATKA FL 32177			DO NOT WRITE 3. Date Incorporated or Qualified 03/04/1006	IN THIS SP	ACE		
2. Principal P	lace of Business	2a. Mailing Address			03/04/1996 4. FEI Number	····	\neg	Applied For	
21		26			59-3349762			Not Applicable	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees	
Zip 24	Country 25	Ζφ 29	30 Country	/	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9, Name and Address of Curren	t Registered Agent		T 11	10. Name and Address of New Re	gistered Ag	ent		
	LLIAMS, BRENDA J		81	Name					
6683 CRILL AVENUE Palatka Fl 32177		82		dress (P.O. Box Number is Not Acceptable)					
			83						
			84	City		FL	85 Z	ip Code	
agent. Fa	one provisions of sections 607,050, egistered agent, or both, in the State in familiar with, and accept the obligation stopatore, typed or prefed name of registered age	itions of, Section 607.0505, F	Florida Statute	S	poration submits this statement for the pation's board of directors. I hereby acception and the pation of the pati	of the appoin	ntment	as registered	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND E	IRECT	ORS IN 12	
TITLE	D	DELET E	1.1 Talle				Chang	e 🔲 Addition	
NAME	GUTHRIE, DOYLE J		1.2 NAME						
STREET ADDRESS	C/O ROUTE 2, BOX 1828 PALATKA FL 32177		1	T ADDRESS					
CITY-ST-ZIP	D	DELETE	1.4 CITY - 5	ST-ZIP			Chang	e Addition	
NAME	GUTHRIE, JOYCE	CT percit	22 NAME			L	_ onally	P	
STREET ADDRESS	C/O ROUTE 2, BOX 1828		2.3 STAEET	I ADDRESS					
CITY-ST-ZIP	PALATKA FL 32177		2. 4 CITY-		·				
TITLE		DELETE	3.1 TITLE				Chang	e Addition	
NAME			3,2 NAME						
STREET ADORESS			3.3 STREET						
CITY-ST-ZIP		DELETE	3.4. CHY-	S1-ZIP			Chann	a Addition	
TITLE NAME		FT ptrt.jp	4.1 TITLE 4, 2 NAME	1		L] Chang	e 🔲 Addition	
STREET ADDRESS			4.3 STREET						
City-St-Zip			4.4 CITY - S						
TITLE		DELETE	5.1 THILE				Chang	e Addition	
NAME			5.2 NAME	l					
STREET ADDRESS			5.3 STREET	T ADDRESS					
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP					
TITLE		DELETE	6.1 TITLE				Chang	e Addition	
NAME			6.2 NAME	- 1					
STREET ADDRESS	ę.		63 STREET	ADDRESS					
CITY-ST-7IP	-		64 C/TY-S	XT - 7HP					

14. Thereby 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 on an attachment with an address. on an attachment with an address.

478 88 GNL-278-7793