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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000021601 (5)
 1. Corporation Name
WILLIAM LAFLIN STUCCO, INCORPORATED



Principal Place of Business Mailing Address
ROUTE 1, BOX 130 RO **ROUTE 1, BOX 130 RO**
FREEPORT FL 32439 **FREEPORT FL 32439-9801**

3. Date Incorporated or Qualified **03/06/1996** 3a. Date of Last Report
 4. FEI Number **59 3368437** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **67 Willow Ave.** 26 **67 Willow Ave.**
 Suite, Apt #, etc. Suite, Apt #, etc.
 22 City & State 27
 23 **Freeport Fl.** 28 **Freeport Fl.**
 Zip Country Zip Country
 24 **32439** 25 **Walton** 29 **32439** 30 **Walton**

9. Name and Address of Current Registered Agent
LAFLIN, WILLIAM R
ROUTE 1, BOX 130 RO
FREEPORT FL 32439

10. Name and Address of New Registered Agent
 81 Name **LAFLIN, William R.**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **67 Willow Ave.**
 84 City **Freeport** FL 85 Zip Code **32439**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	D		
NAME	LAFLIN, WILLIAM R		
STREET ADDRESS	ROUTE 1, BOX 130 RO		
CITY - ST - ZIP	FREEPORT FL 32439		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.1 TITLE	V.		
1.2 NAME	Thompson, Michael A.		
1.3 STREET ADDRESS	378 Live Oak St.		
1.4 CITY - ST - ZIP	Freeport Fl. 32439		
2.1 TITLE	S.		
2.2 NAME	Bolduc, Jeffery D.		
2.3 STREET ADDRESS	1418 Hickory St.		
2.4 CITY - ST - ZIP	Niceville Fl. 32578		
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 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.

SIGNATURE: **William Laflin** **William LAFLIN** 3/15/97 (904) 897-2980
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)