FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000023264 (0)

A PLUS PLASTERING, INC.

FILED Apr 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 TODINODI KIR YBING DININ BONIN BESSI OBINS ODNIA 11000 NSVE (1010 DININ DIDI DEB)					
POST OFFICE	BOX 8715	POST	POST OFFICE BOX 8715								
NAPLES FL 33941-9715		NAPLE	NAPLES FL 33941-9715				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified	2 114 11110 017			
							03/11/1996				
	lace of Business	2s. Mai	ling Address				4. FEI Number	•	Α	pplied For	
21 Suite, Apt.	4 010	26					65-0648518			ot Applicable	
Suite, Apt.	#, etc.	} ₁	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
City & State	9		City & State				& Flection Campaign Financing	6. Election Campaign Financing \$5.00 May Be			
23		28	28				Trust Fund Contribution				
Zip	Country	Zip	-	Coun	itry	· · · · · ·	8. This corporation owes or has p	aid the curren	year In	tangible	
24	25	[29]		10			Personal Property Tax due Jun			□ No	
	9. Name and Address of	Current Hegistere	a Agent	Name.	10. Name and Address of New Registered Agent						
MATHURIN, TODD S 5017 TAMIAMI TRAIL EAST.					B1	L	arry Yarker				
	PLES FL 33962		1			Street A	ddress (P.O. Box Number is Not Accepte	ible)			
104 660 16 00002					B3						
				-	B4	City	3078 N. Tamiami Trali, #20	· .	e 7in	Code	
	•					City	Naples, FL 34103	FL ľ	S Zip	Code	
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 observations of Section 907.0505, Florida Statutes.											
agent. I am familiar with, and accept the obstations of Section 807.0505, Florida Statutes.											
SIGNATURE Signatore typed or printed name of registated gards and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:											
12.		ERS AND DIRECTOR		13.	- Gom	i Mariatare i	ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTO	RS IN 12	
TITLE	P		DELETE	1.1 TITL	.E				Change	Addition	
NAME	LIGHTNER, MARVIN W			1.2 NAM	ΛE					;	
STREET ADDRESS	189 WILLOUGHBY DRI	VE		1.3 STR	EET A	DDRESS				li li	
CITY-ST-ZIP TITLE	NAPLES FL VP		DELETE	1.4 CITY 2.1 TITU		- ZIP			Change	Addition (
NAME	BERMAN, MICHAEL N			2.1 HIL				لــا	Ullange	L. ADDITION .	
STREET ADDRESS	8049 BAYSHORE DRIV	F STF A				DDRESS					
CITY-ST-ZIP	NAPLES FL	2 012 11		2. 4 CIT		- 1					
TITLE			DELETE	3.1 TITL					Change	☐ Addition	
NAME				3.2 NAM	ÆΕ						
STREET ADDRESS						DORESS					
CITY-ST-ZIP TITLE			DELETE	3.4. CIT 4.1 TITL		- ZIP			Change	Addition	
NAME			- Deterie	4.1 IIIL					OHATING	L MOUNDER	
STREET ADDRESS						DDAESS					
CITY-ST-ZIP				4.4 CITY							
TITLE			DELETE	5.1 TITL					Change	Addition	
NAME				5.2 NAM	AE.						
STREET ADDRESS				5.3 STRI	EET A	DDRESS					
CITY ST-ZIP			☐ DELETE	5.4 CITY		- ZIP			Ob	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE NAME			L DELETE	6.1 TITL 6.2 NAM				Ц	Change	Addition	
STREET ADDRESS				6.2 NAM 6.3 STRI		DUBESS				1	
CITY-ST-ZIP				6.4 CITY						ļ	
1				0.4 011 1	- 151-	¢.17					

increby 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

941-353-0006