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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600023383 (8)

C. L. BEACHY STUCCO, INC.

5178 ROCKING HORSE LANE 5178 ROCKING HORSE LANE SARASOTA FL 34241 SARASOTA FL 34241 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0650969 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🛛 Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BEACHY, NANCY 5178 ROCKING HORSE LANE Street Address (P.O. Box Number is Not Acceptable) **SARASOTA FL 34241 B3** 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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1/5/7 Change Addition TITLE 1.1 TITLE Beachy Nancy Lane **BEACHY, NANCY** NAME 1.2 NAME **5178 ROCKING HORSE LN** STREET ADDRESS 1.3 STREET ADDRESS -asota **SARASOTA FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP **Addition** DELETE Change 21 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP

14. I 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 arrival 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.

4.1 TITLE

4. 2 NAME

5 1 TITLE 5 2 NAME

6.1 TITLE 6.2 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

010111

TITLE

NAME

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TITLE

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CITY-ST-ZIP

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May 06 1998 8:00am

Secretary of State