


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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000027991 (4)**

1. Corporation Name
A & T PLASTERING, INC.



Principal Place of Business 7008 ACORN BLVD. PUNTA GORDA FL 33982	Mailing Address P.O. BOX 181 PUNTA GORDA FL 33951
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/18/1996	
21 PO Box 510181		26 PO Box 510181		4. FEI Number 65-0651574	
22 Punta Gorda FL		27 Punta Gorda FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 33951		28 33951		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Charlotte		29 Charlotte		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PAULK, LAURA A 7008 ACORN BLVD. PUNTA GORDA FL 33982				10. Name and Address of New Registered Agent 81 Name Laura Paulk 82 Street Address (P.O. Box Number is Not Acceptable) 7008 Acorn Blvd 83 84 City Arcadia FL 85 Zip 33982	

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULK, JAMES T.	1.2 NAME	Paulk, James T
STREET ADDRESS	7008 ACORN BLVD. (P.O. BOX 510181 PG 33951)	1.3 STREET ADDRESS	7008 Acorn Blvd (PO Box 510181 Punta Gorda, FL PG FL 33951)
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	Punta Gorda, FL PG FL 33951
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VTS	2.2 NAME	Laura Paulk
STREET ADDRESS	PAULK, LAURA	2.3 STREET ADDRESS	7008 Acorn (PO Box 510181 P.G 33951)
CITY-ST-ZIP	7008 ACORN BLVD. PUNTA GORDA FL	2.4 CITY-ST-ZIP	Punta Gorda FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:

Laura A Paulk

4/25/1998 (941) 339-0105

CR2E034 (10/97)