

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS.

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90063 049 ***150.00

DOCUMENT # P96000027991

1. Corporation Name

A & T PLASTERING, INC.

Principal Place of Business

7008 ACORN BLVD.
PUNTA GORDA FL 33982

Mailing Address

PO BOX 510181
PUNTA GORDA FL 33951
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

65-0651574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

3674 SW Briarwood Pl

2a. Mailing Address

P.O. Box 550

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Arcadia, FL

City & State

FL - Ogden, FL 34267

Zip

34266

Country

USA

Zip

34267

Country

USA

9. Name and Address of Current Registered Agent

PAULK, LAURA A
7008 ACORN BLVD.
ARCADIA FL 33982

10. Name and Address of New Registered Agent

81 Name

Laura A. Paulk

82 Street Address (P.O. Box Number is Not Acceptable)

3674 SW Briarwood Pl

83

84 City

Arcadia

FL

85 Zip Code

334266

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

TITLE P ☐ DELETE

NAME PAULK, JAMES T.
STREET ADDRESS 7008 ACORN BLVD PO BOX 510181
CITY-ST-ZIP PUNTA GORDA FL 33951

TITLE VTS ☐ DELETE

NAME PAULK, LAURA
STREET ADDRESS 7008 ACORN BLVD PO BOX 510181
CITY-ST-ZIP PUNTA GORDA FL 33951

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME James Terry Paulk
1.3 STREET ADDRESS 3674 SW Briarwood Pl
1.4 CITY-ST-ZIP Arcadia, FL 34266

2.1 TITLE Vice President, T.S. ☒ Change ☐ Addition

2.2 NAME Laura A. Paulk
2.3 STREET ADDRESS 3674 SW Briarwood Pl
2.4 CITY-ST-ZIP Arcadia, FL 34266

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Laura A. Paulk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

(941) 993-0888

Date

Daytime Phone #

0451715

CR2E034 (11/98)