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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041505 (4)

FILED May 21 1997 8:00am Secretary of State

1. Corporation Name C. & S. PLASTERING & STUCCO, INC. Principal Place of Business 1616 ALLISON AVENUE PANAMA CITY FL 32407 Mailing Address 1616 ALLISON AVENUE PANAMA CITY FL 32407				*****					
						3. Date incorporated or Qualified 05/08/1996	3a. Da	ite of Last f	Report
ำ	ace of Business	2a. Mailing Address				4. FEI Number 59-34/19862			pplied For
L Suite Apt	# etc	Suite, Apt. #, etc.			······ , — ········ , —	Certificate of Status Desired		\$8.75	ot Appticable Additional equired
City & State	J	Crty & State				6. Election Campaign Financing			May Be
		28				Trust Fund Contribution			to Fees
7 ф	Country 25	Z(p 29	30 Cou	intry			Yes [No	s. 19 9.032,
	9. Name and Address of Curre	nt Registered Agent		81		10. Name and Address of New Re	gistered /	Agent	
	ENS, CARL V				Name				
	6 ALLISON AVENUE				Street Addr	et Address (P.O. Box Number is Not Acceptable)			
PAN	IAMA CITY FL 32407			83		······································		·····	
				84	City			85 Zip	Code
				1 1	•		<u>FL</u>		
						poration submits this statement for the lition's board of directors. I hereby acce		olntment as	s registered
GNATURE	Signal weilty kip or printed name of registroud at OFFICERS AN	xri and title if applicable. (NDDIRECTORS	VOTE: Registere	ed Agen		(ad when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	
office or r agent. La SIGNATURE 2. ILL AME	Signal wall full color printed harve of registrich ac OFFICERS AN	xx1 and title if applicable. (N	VOTE: Registere	ed Agen		rad when reinstating)	DATE		RS IN 12
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If do heroby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

964-866-3165