

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

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Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000054799 (7)

1. Corporation Name  
LATH, PLASTER & STUCCO, INC.

Principal Place of Business  
8367 SOUTHEAST PINE CIRCLE  
HOBE SOUND FL 33455

Mailing Address  
8367 SOUTHEAST PINE CIRCLE  
HOBE SOUND FL 33455-6809



3. Date Incorporated or Qualified  
06/27/1996

3a. Date of Last Report

2. Principal Place of Business  
21 8367 SE Pine Circle  
Suite, Apt. #, etc.

22 City & State  
23 Hobe Sound, FL

24 Zip 33455 25 Country U.S.A.

2a. Mailing Address  
26 "Same"

27 Suite, Apt. #, etc.  
28 City & State  
29 Zip  
30 Country

4. FEI Number  
165-0681833

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Lloyd L. Lolmaugh  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 8367 SE Pine Circle  
84 City Hobe Sound FL 85 Zip Code 33455

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 Lloyd L. Lolmaugh President  
Signature typed or printed name of registered agent and title if applicable

DATE 4/11/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	LOLMAUGH, LLOYD	8367 SOUTHEAST PINE CIRCLE	HOBE SOUND FL 33455	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Lloyd L. Lolmaugh P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/11/97 561546-1332

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