

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  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90057 032 \*\*\*150.00

DOCUMENT # P96000066745

1. Corporation Name

MATTHEW'S STUCCO & PLASTERING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1906 40TH TERR SW NAPLES FL 34116 US		Mailing Address 1906 40TH TERR SW NAPLES FL 34116 US	
2. Principal Place of Business 21 1906, 40 <sup>th</sup> Terr. Sw Suite, Apt. #, etc.		2a. Mailing Address 26 1906, 40 <sup>th</sup> Terr. Sw Suite, Apt. #, etc.	
22		27	
23 City & State Naples FL		28 City & State Naples FL	
24 Zip 34116		29 Zip 34116	
25		30	
3. Date Incorporated or Qualified 08/08/1996		4. FEI Number 65-0694327	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent STEAWRT, JAMES C JR 2121 COUNTY RD 951, SUITE 101 GOLDEN GATE FL 34116-6543		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHE, TIMOTHY F	1.2 NAME	
STREET ADDRESS	1739 55TH TERRACE SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW, SABINE	2.2 NAME	
STREET ADDRESS	1739 55TH TERRACE SW	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW, HENRICK	3.2 NAME	
STREET ADDRESS	1739 55TH TERRACE SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW, LEONA	4.2 NAME	
STREET ADDRESS	1739 55TH TERRACE SW	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)