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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070840 (9)

SUNRISE PLASTERING, INC.

Principal Place of Business

Mailing Address

FILED May 21 1998 8:00am Secretary of State

| 1311 BROADWAY AVENUE LEHIGH ACRES FL 33936 | | 1311 BROADWAY AVENUE LEHIGH ACRES FL 33936 | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | |
|---|---|---|----------------------------------|---|-------------------------------------|
| | | | | | |
| 9 Principal P | lace of Business | 2a. Mailing Address | | 08/23/1996 4. FEI Number | Applied For |
| 21 | | ¬ | | | |
| Suite, Apl. | # Alc | Suite, Apt #, etc. | | 65-0676566 | Not Applicable |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | e | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid th | e current year Intangible |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. | Yes No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | |
| STEWART, CHRISTINE B 1311 BROADWAY AVENUE LEHIGH ACRES FL 33936 81 Name Street Address (P.O. Box Number is Not Acceptable) AVE 82 Street Address (P.O. Box Number is Not Acceptable) 83 AVE 84 City Ch. G. Acres FL 85 Zip C | | | | | |
| 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, typiga or polited harne of registered as | graff and title if applicable (NOTE | Registered Agent signature | required when reinstating) D | 30-98 |
| 12. | OFFICERS AN | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| TITLE | PS | DELETE | 1.1 TITLE | | Change Addition |
| NAME | STEWART, CHRISTINE B | | 1.2 NAME | | |
| STREET ADDRESS | 1311 BROADWAY AVENUE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LEHIGH ACRES FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | FP | ☐ DELETE | 2.1 TITLE | President | ☐ Change ☐ Addition |
| NAME | STEWART, JOHN K | | 2.2 NAME | , 100, 10 | |
| STREET ADDRESS | 1311 BROADWAY AVENUE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LEHIGH ACRES FL | | 2. 4 CITY-ST-ZIP | | |
| TITLE | per mont y norther to | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | 1 |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 C(1Y - S1 - Z(P 5.1 T)TLE | | Change Addition |
| 1 | | ["] brerie | | | Change Manifold |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY - ST - ZIP | | Change |
| TITLE | | ☐ DELETE | 6.1 TITLE | 900000 0000 | Change Addition |
| NAME | | | 6.2 NAME | 900002532i -05/22/3801012- | |
| STREET ADDRESS | | | 6.3 STREE1 ADDRESS | ***150.00 |) (///- |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | *** 1 OD • OO | · '\ |

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:

John K Storaut

4-30-98 (941)369-0673