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FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000026903 (9)

1. Corporation Name

RIBERT'S STUCCO, INC.



Principal Place of Business

Mailing Address

110 REFLECTIONS BLVD
AUBURNDALE FL 33823

110 REFLECTIONS BLVD
AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

59-3436850

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1619 Roselawn St

Suite, Apt. #, etc.

22

City & State

23 Winter Haven, FL

Zip

24 33880

Country

25 U.S.

2a. Mailing Address

26 1619 Roselawn St.

Suite, Apt. #, etc.

27

City & State

28 Winter Haven, FL

Zip

29 33880

Country

30 U.S.

9. Name and Address of Current Registered Agent

RINER, TIMOTHY M
110 REFLECTIONS BLVD
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name

Jimmy Lee Hiebert

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

1619 Roselawn St.

83

84 City

Winter Haven

FL

85 Zip Code

33880

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

Jim Hiebert

2-9-98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HIEBERT, JIMMY LEE
STREET ADDRESS 1619 ROSELAWN ST
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE VSD ☒ DELETE

NAME RINER, TIMOTHY M
STREET ADDRESS 110 REFLECTIONS BLVD
CITY-ST-ZIP AUBURNDALE FL 33823

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE:

Jim Hiebert

2-9-98

944 244-10451

CR2E034 (10/97)