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

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000084790 1. Corporation Name

DJ PLASTERING, INC.

## FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90060 026 \*\*\*150.00

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Principal Place of Business Mailing Address											
· · · · · · · · · · · · · · · · · · ·	LMS LANE SUITE 8		ORAL PALMS LANE	E SUITE 8							
NAPLES FL 34116 NAPLES FL 34116					, , , , , ,	DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated	3. Date Incorporated or Qualifed				
						10/02/1998					
2. Principal Pl	ace of Business	2a. M	ailing Address				4. FEI Number	<del></del>		Applied For	7
21		26	ŭ				65065	55 <i>0</i> 3(~		Not Applicable	•
Suite, Apt.	#. etc.		ite, Apt. #, etc.		_				\$8.7	5 Additional	٦
22		27					5. Certifcate of Statu	s Desired	Fee	Required	
City & State	<del></del>		ty & State				6. Election Campaig	n Financing	\$5.0	May Be	1
23		28					Trust Fund Contri	bution	Adde	d to Fees	
Zip	Country	Zi	Zip C		Country		8. This corporation owes the current year Intangible				
24	25	29		30	30		Personal Property Tax. Yes No				_
	9. Name and Addre	s of Current Register	ed Agent				10. Name and Addre	ss of New Registered	l Agent		-
					81	Name					
	A, JEFFERSON I				82	Street Ac	dress (P.O. Box Number is	Not Acceptable)			┨
	CORAL PALMS LAN	E SUITE 8									_
NAPI	LES FL 34116				83						
					84	City	<del></del>		85 Z	ip Code	$\dashv$
					}	•		FI	┗	<u></u>	_
11. Pursuant	to the provisions of Sect	ons 607.0502 and 607.	1508, Florida Statu	tes, the a	pove	-named co	rporation submits this state	ment for the purpose of	of changing	its registered	= ==
office or n	egistered agent, or both, n familiar with, and acce	in the State of Florida.  pt the obligations of, Se	such change was ection 607.0505, Flo	autnorized orida Stati	utes.	me corpora	ation's board of directors.	nereby accept the appo	Millione as	registores	-
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,									l
SIGNATORE	Signature, typed or printed name	of registered agent and title if ap	olicable. (NOT	E <sup>r</sup> Registered	Agent	l signature requ	ired when reinstating)	DATE			⊸ ≨
12.		FICERS AND DIRECT		13.			ADDITIONS/CHAN	IGES TO OFFICERS A			, g
TITLE	SPD		☐ DELETE	1.1 TI	πE				☐ Chane	ge 🗌 Additio	- 1 ~
NAME	MEJIA, JEFFERSON			1.2 N	AME.	}					E034
STREET ADDRESS	4524 CORAL PALM	S LANE SUITE 8		1357	TREET	ADDRESS					Ĭ
CITY-ST-ZIP	NAPLES FL 34116			1.4 CI	TY-ST	-ZiP					_   8
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STREET ADDRESS				6.3 S	TREET	ADDRESS					1

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:

MAURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-99

941-348-2955

Daytime I