

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


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**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90135 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000089464</b>					
1. Corporation Name <b>S &amp; P STUCCO, INC.</b>					
Principal Place of Business <b>474 LINDA LANE MELBOURNE FL 32935</b>			Mailing Address <b>474 LINDA LANE MELBOURNE FL 32935</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/19/1998</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3539309</b>	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>POWERS, SUNNY 474 LINDA LANE MELBOURNE FL 32935</b>			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 <b>FL</b>		
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		1.1 TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME		1.2 NAME		President	
STREET ADDRESS		1.3 STREET ADDRESS		Paul E Powers	
CITY-ST-ZIP		1.4 CITY-ST-ZIP		474 Linda Ln, Melbourne, FL 32935	
TITLE		2.1 TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME		2.2 NAME		Vice President	
STREET ADDRESS		2.3 STREET ADDRESS		Jean Williams	
CITY-ST-ZIP		2.4 CITY-ST-ZIP		474 Linda Ln. Melbourne, FL 32935	
TITLE		3.1 TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME		3.2 NAME		Secretary	
STREET ADDRESS		3.3 STREET ADDRESS		Sunny Powers	
CITY-ST-ZIP		3.4 CITY-ST-ZIP		474 Linda Ln, Melbourne, FL 32935	
TITLE		4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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)