SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:25

DOCUMENT # **S42965** **(1)**

1. Corporation Name

SUN COAST PLASTERING AND STUCCO OF CHARLOTTE COU NTY, INC.

Principal Place of Business	Mailing Address
23415 JANICE AVE UNIT 26 CHARLOTTE HARBOR FL 33980 US	PO BOX 1169 PUNTA GORDA FL 33951 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1991	3a. Date of Last Report: 02/21/1994
4. FEI Number: 65-0253161	☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. DRAW 1447 JACK HACKETT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 PUNTA GORDA, FL.
Zip 24 / Country 25	Zip 29 33951 / Country 30 U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HACKETT, JACK O II 115 W OLYMPIA AVE PUNTA GORDA FL 33950	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	ASSISTANT V.P.	☐ Change ☒ Addition
NAME	LOWE JAMES R	12 NAME	GEORGE T. CAPPS II	
STREET ADDRESS	31720 WASHINGTON LOOP RD	13 STREET ADDRESS	4040 FLAMINGO BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33948	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	LOWE DIANE	22 NAME		
STREET ADDRESS	31720 WASHINGTON LOOP RD	23 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	SMITH, DOUGLAS	32 NAME		
STREET ADDRESS	27427 SUNSET DR	33 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 07/11/95 (941) 625-3150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0162437 FP