FILE NOW: FILING FEE AFTER M

1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998

Principal Place of Business

23415 JANICE AVE



FLCRIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUMENT # \$42965 (1)
SUN COAST PLASTERING AND STUCCO OF CHARLOTTE COUNTY, INC.)

Mailing Address

PO BOX DRAWER 511447

FILED Jun 05 1998 8:00am Secretary of State



94+-639-1158

UNIT 26 CHARLOTTE	HARBOR FL 33983	PUNTA GONDA FL 33951 US				DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualified			
						04/03/1991			
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		Applied	For
21		26	loo, or a second of the second			<u>65-0253161</u>		Not App	
Suito, ∧p	l. #, et c .	Suite, Apt. #, etc.			į	5. Certificate of Status Desired		75 Additio	
22		27						e Required	
City & Sto	otc	City & State				6. Election Campaign Financing		.00 May I	
23	Country	28	Cou	ntru		Trust Fund Contribution		ded to Fee	
Zip	⊢ ′	Ζφ	_	iliy		This corporation owes or has paid the or Personal Property Tax due June 30.	urrent ye XPT Yes	ar Intangibi No	10
24	9. Name and Address of Currer	29 Agent	30			10. Name and Address of New Registere			
L	IACKETT, JACK O II	Triogistic and region		B1 Na	me	10.			
	15 W OLYMPIA AVE								
	UNTA GORDA FL 33950			82 Street Address (P.O. Box Number is Not Acceptable)					
r	ONIA GONDA PL 33930			B3					
				84 Cit	У	F	85	Zip Code	
44 Durauna	to the provisions of Sections 607 060	12 and 607 1508 Florida Sta	tutes the a	1	ned corno	ration submits this statement for the purpose		ing ite regi	eterod
office of	registered agent, or both, in the State	of Florida. Such change wa	as authorize	by the	corporatio	n's board of directors. I hereby accept the a	ppointme	nt as regist	iered
agent i	am familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Stat	utes.					
SIGNATURE	Signature, typod or printed name of registered ag-	and and title if applicable (f	MOTE Basistara	Accept sign	native required	when reinstating) DATE			
12.		D DIRECTORS	13.	a rigans eigi	tatore required	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTORS IN	12
TITLE	PO	DELETE	1.1 10	ΓLE			Ch		Addition
NAME	LOWE JAMES R		1.2 N	ME	5 -			• –	
STREET ADDRESS	ALTON MACHINIOTON LOOP	RD	1	reet addr	FSS				
CITY-ST-ZIP	PUNTA GORDA FL			TY-ST-ZIP					
TITLE	VO	DELETE	2 1 TI				Ch	angé 🔲 .	Addition
NAME	LOWE DIANE		22 N	AME.		500002551 2 -06/08/98010800	U:>		
STREET ADDRESS	AARAA MAAAAMAATAM LAAAA	RD		REET ADDR	ESS	-06/08/38010800	UZ		
CHTY-ST-ZIP	PUNTA GORDA FL			ITY-ST-ZIP		***150.00			
TITLE	TD	DELETE	3 1 TI				☐ Ch	ange 🔲	Addition
NAME	SMITH , DOUGLAS		3.2 N	AME					
STREET ADDRES	ATANT OLIMATET DD		3.3 S	REET ADDR	ESS				
CITY-ST-ZIP	PUNTA GORDA FL		34 (ITY-ST-ZIP	,				
TITLE	V	DELETE	4.1 1				Ch	ange 🔲	Addition
NAME	CAPPS, GEORGE T 111		4. 2 N	AME					
STREET ADDRES	ANAN ELANGNION DILVO		4.3 S	REET ADDR	ESS				
CITY-ST-ZIP	PORT CHARLOTTE FL			TY-ST-ZIP					,
TITLE		☐ DELETE	5.1 1		VI)	Ch	ange 👿	Addition
NAME			5.2 N	AME	Di	ia Davies			
STREET ADORES	s		5.3 S	TREET AODR	_	3415 Janice Avenue			
CITY-ST-ZIP				ITY-ST-ZIP		ort Charlotte, FL 33980			
TITLE		DELETE	611			<u> </u>	Ch	ange 🔲	Addition
NAME			62 N	AMÉ	ļ			√V	12
STREET ADDRES	s		6.3 S	FREET ADDR	IESS)	(Y2)
CITY-ST-ZIP				ITY-ST-ZIP				•	3/

14. Thereby 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 supplimental 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 by on an attachment with an address.

James R. Lowe, President