

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



OFFICE OF PARTMENT OF STATE
Deborah B. Amodeo
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S65477** (9)

1. Corporation Name:

DEBORAH C. SCHULTZ, P.A.

Principal Place of Business:

**3131 LAKESTONE DRIVE
TAMPA FL 33618**

Mailing Address:

**3131 LAKESTONE DRIVE
TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/11/1991

3a. Date of Last Report
08/10/1994

4. FEI Number
59-3139976

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**

6. This Corporation has authority for attendance fee under 195.005,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business:

21

2b. Mailing Address:

26

Suite Apt # etc:

Suite Apt # etc:

22

27

City & State:

City & State:

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHULTZ, DEBORAH C.
3131 LAKESTONE DRIVE
TAMPA FL 33618**

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 607.0637 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 understand the provisions of Sections 607.0637, Florida Statutes.

SIGNATURE:

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY & STATE

**P
SCHULTZ, DEBORAH C.
3131 LAKESTONE DRIVE
TAMPA FL**

1. NAME
2. STREET ADDRESS
3. CITY & STATE

☐ Change ☐ Addition

4. NAME
5. STREET ADDRESS
6. CITY & STATE

4. NAME
5. STREET ADDRESS
6. CITY & STATE

☐ Change ☐ Addition

7. NAME
8. STREET ADDRESS
9. CITY & STATE

7. NAME
8. STREET ADDRESS
9. CITY & STATE

☐ Change ☐ Addition

10. NAME
11. STREET ADDRESS
12. CITY & STATE

10. NAME
11. STREET ADDRESS
12. CITY & STATE

☐ Change ☐ Addition

13. NAME
14. STREET ADDRESS
15. CITY & STATE

13. NAME
14. STREET ADDRESS
15. CITY & STATE

☐ Change ☐ Addition

16. NAME
17. STREET ADDRESS
18. CITY & STATE

16. NAME
17. STREET ADDRESS
18. CITY & STATE

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 110.01(1)(b) Florida Statutes. I further certify that the information included on the corporate 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 furnish 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:

Deborah C. Schultz
DEBORAH C. SCHULTZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (813) 961-0295

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sarah B. LaPrade
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

DOCUMENT # S66132 (9)

1. Corporation Name

GOLD COAST PLASTERING, INC.

Principal Place of Business
**1350 S.W. 73RD AVE.
N. LAUDERDALE FL 33068**

Mailing Address
**1350 S.W. 73RD AVE.
N. LAUDERDALE FL 33068**

(DO NOT WRITE IN THIS SPACE)

2. Date of Incorporation or Qualification **07/15/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0271711** 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 has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

21. Suits, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suits, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**RULAND, STEPHEN P.
1350 S.W. 73RD AVE.
N. LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(If the current registered agent is not an individual, the registered agent must sign and apply.)

(If the new registered agent is not an individual, the new registered agent must sign and apply.)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. 1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

**D
RULAND, STEPHEN P.
1350 S.W. 73RD AVE
N. LAUDERDALE FL**

12. 1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

**D
KRIZ, JAMES A.
1815 N.W. 64TH WAY
MARGATE FL**

12. 1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

12. 1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

12. 1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

12. 1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

13. 1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

☐ Change ☐ Addition

13. 1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

☐ Change ☐ Addition

13. 1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

☐ Change ☐ Addition

13. 1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

☐ Change ☐ Addition

13. 1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

☐ Change ☐ Addition

13. 1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am a duly qualified officer or director of the corporation. I further certify that the information included 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 this corporation at the time of filing this report as required by Chapter 147, Florida Statutes, and that my name appears on Block 12 of Block 13 of changes or on an attached sheet with an address.

SIGNATURE:

Stephen P. Ruland

STEPHEN P. RULAND PRES. 4-30-95 (305) 726-6117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR