FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 22 AM 10: 00

DOCUMENT # S71385 (6)

1. Corporation Name
MCINTYRE STUCCO, INC.

Principal Place of Business
9506 HOOD ROAD
SUITE 3
JACKSONVILLE FL 32257

Mailing Address
9506 HOOD ROAD
SUITE 3
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 11590 DAVIS CREEK CT.
Suite, Apt. #, etc. 22
City & State 23 JACKSONVILLE, FL
Zip 24 32256
Country 25 DUVAL

2a. Mailing Address
26 11590 DAVIS CREEK CT
Suite, Apt. #, etc. 27
City & State 28 JACKSONVILLE, FL
Zip 29 32256
Country 30 DUVAL

4. FEI Number: 59-3083105 — 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

9. Name and Address of Current Registered Agent
MCINTYRE, JOHN
9506 HOOD ROAD
SUITE 3
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 11590 DAVIS CREEK CT.
83
84 City JACKSONVILLE FL 85 Zip Code 32256

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 of New Registered Agent or Former Registered Agent) (TYPE or PRINT Registered Agent's Name and Title) DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MCINTYRE, JOHN
STREET ADDRESS	5005 SIESTA DEL RIO DR
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	11590 DAVIS CREEK CT.
1.4 CITY, ST, ZIP	JACKSONVILLE, FL 32256
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing, or voluntarily furnished for filing, is true and complete and that I am qualified to file the corporation named in Section 1 (607.0120), Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and complete and that to sign shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the owner of more than 50% of the corporation's outstanding shares of stock. The reports required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report with an addition.

SIGNATURE: John McIntyre — 2/21/95 — 904-268-4264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE
JOHN McINTYRE

0024026 CP