

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

PROFIT ~~AMENDED~~  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

96 DEC -2 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *S71385*

1. Corporation Name

*MCINTYRE STUCCO, INC.*

Principal Place of Business

Mailing Address

*11590 DAVIS CREEK CT.  
JACKSONVILLE, FL 32250*

*SAME*

2. Principal Place of Business

2a. Mailing Address

21 *11590 DAVIS CREEK COURT*

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 *JACKSONVILLE, FL*

28

Zip

Country

Zip

Country

24 *32250*

25 *FL*

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

*8-2-1991*

*3-96*

4. FEI Number

Applied For

*59-3083105*

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

10. Name and Address of New Registered Agent

81 Name

*TERRI MCINTYRE*

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

*11590 DAVIS CREEK COURT*

83

84 City

*JACKSONVILLE*

*FL*

85 Zip Code

*32250*

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 607.0506, Florida Statutes.

SIGNATURE

*Lemi McIntyre*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

*11-11-96*

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

*PRESIDENT/D  
JOHN MCINTYRE  
5005 SIESTA DEL RIO DR  
JACKSONVILLE, FL 32258*

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

*PRESIDENT/P/S/D  
TERRI MCINTYRE  
3170 SWEETWATER CAYS DR S.  
JACKSONVILLE, FL 32223*

☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

*BOBBY BELL  
11590 DAVIS CREEK CT  
JACKSONVILLE, FL 32250*

☐ Change ☒ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

*JAY PORTNOY  
5424 N. MAIN ST.  
JACKSONVILLE, FL 32208*

☐ Change ☒ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

*200002021682--4*

*-12706796--01014--013*

*\*\*\*\*\*61.25 \*\*\*\*\*61.25*

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

*JB12-3-96*

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:

*Lemi McIntyre*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11-11-96 (904) 268-4264*

Date Daytime Phone #

CR2E034 (12/95)