## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V46689

WHITE SANDS POOL PLASTERING, INC.

	•							
Principal Place of Business Mailing Address							8:0:1 010)1 01311 <b>1</b>	(181) <b>() () () ()</b>
182 RIDGE STREET WINTER SPRINGS FL 32708  182 RIDGE STREET WINTER SPRINGS FL 32708			708			DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed 06/23/1992		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				59-3138088 _	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	Additional
22		27				5. Certificate of Status Desired	Fee Re	quired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28			_	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		ountry	•	8. This corporation owes the current year Ir		_
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		-	r.,	10. Name and Address of New Registered	Agent	
.) 111.1	ENOLIIST KIM			81	Name			
LILJENQUIST, KIM 182 RIDGE STREET				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	TER SPRINGS FL 32708							
VIIV	TEN SPRINGS I E 32700			83				1 1 1 1
	,			84	City		85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,						F1	m	
office or i	registered agent, or both, in the State	of Florida, Such change was	authorize	ed by	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	intment as reç	jistered
agent: I a	im familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Sta	atutes				
SIGNATURE	Signature, typed or printed name of registered age	the second state of the second	TT. D. state.	-4 655	<u></u>	red when reinstating) DATE		
12.		ND DIRECTORS	13		it signature reduii	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	-	TITLE		7.55111616161#414626116 511162167	Change	Addition
NAME	LILJENQUIST, KEVIN		1	NAME				
STREET ADDRESS	AND DIDDE OF DOV D				FADDRESS			
CITY-ST-ZIP	WINTER SRPINGS FL		- 1	CITY-S	- 1			i
TITLE			TITLE	1.21		Change	Addition	
NAME :	111 (50.0) 1005 1404			NAME	}	÷		
STREET ADDRESS			1		TADDRESS			
	WINTER SPRINGS FL							ľ
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·			CITY-S	1-ZIP		Change	Addition
	311 32N					Onlongs		
NAME:					•0000000			
STREET ADDRESS					ADORESS			
CITY-ST-ZIP TITLE	3.4.1 DELETE 4.11		CITY-S	1-ZIP	<del></del>	☐ Change	Addition	
•							[_] Orlange	
NAME				NAME	ADDDESS			
STREET ADDRESS		•			ADDRESS			
CITY-ST-ZIP		DELETE		CITY-ST	1-411		: Change	Addition
		٠ ٢٠ ١٠		NAME			, L. Criange	
NAME STREET ASSOCIA					ADDRESS			
STREET ADDRESS	,	•		CITY-ST				
CITY-ST-ZIP TITLE	2.2 (1.4)	☐ DELETE		TITLE	- 4.0"	<del></del>	Change	Addition
					1			

CITY-ST-ZIP 14. I hereby 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CR2E034 (11/98)

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90051 037 \*\*\*150.00

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