1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L04372

1. Corporation Name

ALL-TEX DRYWALL SPRAY, INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90099 039 ***150.00

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Principal Place	e of Business	Mailing Address				. 18811817 017 02711 01800		.,		
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D. Driveinal Place of Physics 2				+		Number		$ \tau$	Applied For	\dashv
2. Principal Place of Business 21 430 SW 17TH ST 26 430 SW 1			74h 5	-		0149081			Not Applicable	_
21 430 SW 17TH ST 26 430 SW 1 Suite, Apt. #, etc. Suite, Apt. #, etc.			MR S	1				\$8.7	5 Additional	٦
22 27					5. Cert	tifcate of Status Desir	red 🗌	•	Required	-
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23 BOC	- 1 -	28 BOCA ZATOR	al F	L		st Fund Contribution			ed to Fees	
Zip	Country	· · · · · · · · · · · · · · · · · · ·	ountry		8. This	corporation owes the	e current year In		_	
24 334		29 3343> 30	USA			sonal Property Tax.		☐Yes	No	4
	9. Name and Address of Current	Registered Agent	DAT N		10. Nar	ne and Address of I	New Registered	Agent		\dashv
FERNANDEZ, THOMAS J. 2101 CORPORATE BLVD NW			81 Nai	ne						
			82 Stre	2 Street Address (P.O. Box Number is Not Acceptable)					7	
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БОО	A IMIONI E WHO!		84 City			<u> </u>	FI	85 2	ip Code	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above-nam	ed corpora	ition sub	mits this statement for	or the numose o	f changing	its registered	┪
office or n	registered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was authoriz	zed by the c	orporation's	s board	of directors. I hereby	accept the appo	intment as	s registered	
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SIGNATURE)	Signature, typed or printed pane of region ed agent a	and title if applicable. (NOTE: Registe	ered Agent signat	ure required wh			DATE	-1-(<u>. </u>	
12.	OFFICERS AND		3.		ADD	ITIONS/CHANGES T	O OFFICERS A	ND DIREC	CTORS IN 12	- ;
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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.

SIGNATURE外 INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #