

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90213 011 ****18.70

04-27-1999 90213 012 ***140.05

DOCUMENT # L86119

1. Corporation Name

SEMINOLE WALLS & CEILINGS CORP.

Principal Place of Business

**333 EAST LANDSTREET ROAD
ORLANDO FL 32824**

Mailing Address

**333 EAST LANDSTREET ROAD
ORLANDO FL 32824**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1990

4. FEI Number

59-3017809

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**FOX, ROBERT L II
333 E LANDSTREET RD
ORLANDO FL 32824**

10. Name and Address of New Registered Agent

81 Name

ROBERT L. FOX, II

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

3204 HEATHGATE COURT

83

84 City

ORLANDO

FL

85 Zip Code
32812

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

Robert L. Fox II, President
Signature, typed or printed name of registered agent and title if applicable

ROBERT L. FOX II, PRESIDENT

3/24/99
Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PST**
STREET ADDRESS **FOX, ROBERT L II**
CITY-STATE-ZIP **3135 HEATHGATE CT.
ORLANDO FL**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **BRIGHT, DON**
CITY-STATE-ZIP **333 EAST LANDSTREET ROAD
ORLANDO FL 32824**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DPST**
1.3 STREET ADDRESS **FOX II, ROBERT L.**
1.4 CITY-STATE-ZIP **3204 HEATHGATE CT.
ORLANDO, FL 32812**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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.

SIGNATURE:

Robert L. Fox II, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. FOX II, PRESIDENT

Date

3/24/99

Daytime Phone #

CR2E034 (1/98)