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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 508178 1. Corporation Name

NORTHEAST DRYWALL CO.

Principal Place	of Business	Mailing Address			- I (MBIN) Dilii Maini Idini itali idani i	DII AIAIS AIAIS AIAIS	FIRM BIBIT TRUT
•	Of Business	P.O. BOX 2044					
P.O. BOX 2044 LAND O LAKES FL 34639		LAND O LAKES FL 34639					
US		US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 07/30/1976		
2. Principal Pl	ace of Business	2a. Mailing Address		<u> </u>	4. FEI Number) -	pplied For
2		26			59-1685488		ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	,	Additional tequired
22		27					
City & State	•	City & State			6. Election Campaign Financing		May Be to Fees
23		28	Country		Trust Fund Contribution 8. This corporation owes the current		101000
Zip	Country	Zip	Country		Personal Property Tax.	Yes	⊠No
24	25	29 3	30	.	10. Name and Address of New Reg	istered Agent	
	9. Name and Address of Curre	nt Registered Agent	81	Name			
STEV	WART, DANNY		82		none		
	LORIMAR LN			Street Addre	ess (P.O. Box Number is Not Acceptable) 	0. 2. 7 . 20, 0. 10.
	D O LAKES FL 34639						· 在對 数 5 1 2 2 3 1
5	3 3 2 4.20 / 2 3 13 13		83				1 Sept 1881
		4	84	City	, , , ,	FL 85 Zip	Code "
	.51	02 and 677 1508 Florida Statutes	s the above	e-named corpo	pration submits this statement for the pu	rpose of changing it	ts registered
-1-1						ha annointment as I	reaisterea I
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, of both, in the State	e of Flyda, such change was aut	thorized by	the corporation	n's board of directors. I hereby accept t	rie appointment as i	-3
11. Pursuant office or nagent. I a	to the provisions of Sections 607.05 egistered agent, of both, in the State m familiar with, and accept the oblig	e of Physia, Auch change was aut ations of Section 607 9605. Florid	thorized by t da Statutes.	the corporation	oration submits this statement for the pun's board of directors. I hereby accept the	1199	
11. Pursuant office or nagent. I a	Minne	Much.			(when reinstating)	DAYE	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: F		the corporation		DAYE CERS AND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered ag	Much.	Registered Agen		(when reinstating)	DAYE	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed of agritted name of registered agriculture. OFFICERS A	pent and title if applicable. (NOTE: F	Registered Agen		when reinstating) ADDITIONS/CHANGES TO OFFICE	DAYE CERS AND DIRECT	ORS 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 suppliemental 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 or an attachment with a paddress, with all other like empowered.

SIGNATURE:

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90090 042 ***150.00