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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 508282

1. Corporation Name

W-M PLASTERING & DRYWALL, INC.

Principal Place of Business	Mailing Address
944 COUNTRY CLUB BLVD SUITE 103 CAPE CORAL FL 33990	944 Country Club Blvd., Suiti Cape Coral Fl 33990

FILED Apr 01, 1999 8:00 am Secretary of State

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CAPÉ CORAL FL 30990 CAPÉ CORA				,							
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Sulfa, Apt. #, etc. 28	2. Principal P	Place of Business	2a.	Mailing Address							Applied For
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27	Suite, Apt.	#. etc.	1201	Suite, Apt. #, etc.			· ·	 		\$8.7	5 Additional
State City & City & State City & City & State City & City & State City & City	¬ '		27					5. Certificate of Status Desired		Fee	Required
Table Tabl		te	1	City & State				6. Election Campaign Financing		\$5.0)0 May Be
Zip Country Zip Country Zip Country Zip Country E. This corporation over the current year Intangible Personal Property Tax. 'I've No. No	-i ''	•	28					•			
9. Name and Address of Current Registered Agent PLAZEWSKI, DAVID W. 3324 S.W. 3RD AVENUE CAPE CORAL FL 33914 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 agent. I am attains with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am attains with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am attains with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am attains with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am attains with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am attains with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am attains with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am attains with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am attains with, and accept the purpose of changing its registered agent. I am attains with a statement for the purpose of changing its registered agent. I am attains with a statement for the purpose of changing its registered agent. I am attains with		Country		Zip	Col	intry		8. This corporation owes the curre	nt year Inta	angible	
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TITLE	SIGNATURE	Signature, typed or printed name of registered agent	and title i	f applicable. (NOTE	: Registere	d Agen	signature required	when reinstating)			
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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 in prowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, pron an appearment with an address, with all other like empowered.

SIGNATURE:

16.70 NAME OF SIGNING OFFICER OR DIRECTOR