

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 13, 1999 8:00 am**  
**Secretary of State**

09-13-1999 90007 003 \*\*\*550.00

DOCUMENT # **643708**

Corporation Name

**CECIL M. CHAPMAN PLASTERING AND DRYWALL, INC.**

Principal Place of Business

511 N.E. 21ST AVE.  
306 N.E. 43 RD CT  
FT. LAUDERDALE FL 33334

Mailing Address

6511 N.E. 21ST AVE.  
1006 N.E. 43 RD CT  
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/01/1979**

Principal Place of Business

2a. Mailing Address

4. FEI Number

**59-1935923**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAPMAN, CECIL M.  
6511 N E 21 AVENUE  
FT. LAUDERDALE FL**

81 Name

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

83

84 City

**FL**

85 Zip Code

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS  
D  
CHAPMAN, STEVEN, L V-CHR  
3701 N.W. 99TH AVE.  
CORAL SPRINGS FL

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

ADDRESS  
STD  
CHAPMAN, PAULINE L.

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

T-ADDRESS  
6511 NE 21 AVE.

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

T-ZIP  
FT LAUDERDALE FL

ADDRESS  
DP  
CHAPMAN, CECIL M. CHRM

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

T-ADDRESS  
6511 NE 21 AVE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

T-ZIP  
FT LAUDERDALE FL

ADDRESS

4.1 TITLE

☐ Change ☐ Addition

T-ADDRESS

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

T-ZIP

ADDRESS

5.1 TITLE

☐ Change ☐ Addition

T-ADDRESS

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

T-ZIP

ADDRESS

6.1 TITLE

☐ Change ☐ Addition

T-ADDRESS

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-28-99 (954) 565-9568

CR2E034 (5/99)

0067294