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

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90125 019 ***150.00

R.L. CUMMINS & SON DRYWALL, INC.	,

Principal Place	e of Business	Mailing Address									
6280 PARK BOULEVARD		6280 PARK BOULEVARD									
		PINELLAS PARK FL 33781					DO NOT WRI	TE IN THIS	SPACE		
						2 Date Incor	porated or Qualifed	TE IN TIME	- AOL		
						03/31/19	81				
2. Principal P	ace of Business	2a. Mailing Address				4, FEI Numbe			Apr	plied For	
21 26					59-2084794			No	t Applicable		
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition Fee Required					
City & Stat	e	City & State				6. Election Ca	ampaign Financing		\$5.00	May Be	
23		28				Trust Fund	Contribution		Added to	o Fees	
Zip	Country Zip		Country			This corporation owes the current year Intangible					
24	25	29	30			Personal Property Tax.					
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Agent					
			8	1	Name						
	CE G. KAUFMANN, JD. P.A.		8	2	Street Addre	ess (P.O. Box Nu	mber is Not Accept	able)			
	1-66TH STREET		Ľ		- Circer ridari						
#40			8	3							
	GO FL 33773		-	4	City				85 Zip C	Code	
	t pass	* 5 ***			•	*		FL	-		
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statut	es, the abo	ve	-named corpo	oration submits th	is statement for the	purpose o	f changing its	registered:	
office or s	paintered agent or both in the S	tate of Florida. Such change was a bligations of, Section 607.0505, Flo	uthorized b)V I	ne corporatio		tors. I hereby acce		intment as reg	gistered	
_	in lamiliar with, and accept the of	singulation of, council services,					A war fair	1.77		11 m	
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable. (NOTE	: Registered A	ent	signature required	when reinstating)		DATE			
12.		S AND DIRECTORS	13.			ADDITIONS	/CHANGES TO OF	FICERS A			
TITLE	D	☐ DELETÉ	1.1 TITLE						☐ Change	☐ Addition	
NAME	CUMMINS, ANDREA		1.2 NAM	E			•				
STREET ADDRESS	6280 PARK BOULEVARD		1.3 STRE	ET/	ADDRESS					ļ	
CITY-ST-ZIP	PINELLAS PARK FL 33781		1.4 CITY	-ST-	-ZIP						
TITLE		☐ DELETE	2.1 TITLE	Ξ.					☐ Change	Addition	
NAME			2.2 NAM	E							
STREET ADDRESS			2.3 STRI	EET	ADDRESS						
CITY-ST-ZIP			2.4 CIT	∕-ST	r-7IP						
TITLE		☐ DELETE	3.1 TITLE			1			Change	☐ Addition	
NAME			3.2 NAM	E		1		•			
STREET ADDRESS					ADDRESS					1	
			3.4. CfT		į į						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITU		1-24			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
		_	4. 2 NAM				- "	•		ļ	
NAME				_	ADDRESS					1	
STREET ADDRESS											
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 TITU		-212				☐ Change	Addition	
TITLE			5.7 HILL 5.2 NAM							-	
NAME					ADDRESS						
STREET ADDRESS			5.4 CITY							1	
CITY-ST-ZIP		DELETE	6.1 TITU		-417	·			Change	Addition	
TITLE		☐ DELEIE	1			•					
NAME			6.2 NAM		1000000					{	
STREET ADDRESS			- 6		ADDRESS	•	•	•			
CITY, ST. ZIP			6.4 CITY	'-\$T	-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: