FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F57873

(4)

Mailing Address

PRECISION DRYWALL, INC.

Principal Place of Business

FILED							
Feb	11	1998	8:00am				
Se	ecre	etary c	of State				

SUITE 206A	ON BLVU.	#204					
DELRAY BEACH FL 33444		DELRAY BEACH FL 33426		DO NOT WRITE IN THIS SPA	DO NOT WRITE IN THIS SPACE		
US				3. Date Incorporated or Qualified			
6 Delegie al	Diagram (D	T		12/10/1981			
2. Principal Place of Business 21 3300 S. Congress Avenue		2a. Mailing Address 26 3300 S. Congress Avenue		4. FEI Number	Applied For		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		0070010000	Not Applicable		
22 Suite 18		27 Suite 18		5. Certificate of Status Desired	tificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing	\$5.00 May Be		
	on Beach, FL	28 Boynton Beach		Trust Fund Contribution	Added to Fees		
Zip 24 33426		1	Country Palm Bea	1 ordentar i reperty Tax due dente do. [23	Yes 🔲 No		
	9. Name and Address of Curren	Hegistered Agent	04 11	10. Name and Address of New Registered Age	ent		
	CHIAVONE, MICHAEL		81 Name SCI	HIAVONE, MICHAEL			
	660 E. LINTON BLVD.			1821 Street Address (P.O. Box Number is Not Acceptable)			
	#206 A			3300 S. Congress Avenue			
DE	ELRAY BEACH FL 33444		83 Sui	Lte 18			
			84 City		5 Zin Code		
44 Durayant	to the provisions of Costions 507.0505	and COZ 1500 Finish City to		nton Beach FL	33426		
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							
12.	Signature, typed or printed name of registered age: OFFICERS AND			required when reinstating) DATE	DECTORO III IA		
TITLE	P OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DI	Change Addition		
NAME	SCHIAVONE, MICHAEL		1.2 NAME	SCHIAVONE, MICHAEL	Oldingo (EE) Addition		
STREET ADDRESS	660 E. LINTON BLVD., #206A	_	1.3 STREET ADDRESS	3300 S. Congress Avenue, Suite	≥ 18		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	Boynton Beach, FL 33426	_ 		
TITLE	DECINI DENOTITE	DELETE	2.1 TITLE		Change X Addition		
NAME		_	2.2 NAME	VP/T' —	J. Hadillon		
STREET ADDRESS			2.3 STREET ADDRESS	BARAJAS, JOSE J.	,		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	3300 Congress Avenue, Suite 18	3		
TITLE		DELETE	3.1 TITLE	Boynton Beach, FL 33426	Change Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP		İ		
TITLE		DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME		_		
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 City-ST-ZIP		i		
TITLE		☐ DELETE	5.1 TITLE		Change		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE		Change		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
14. I hereby o	ertify that the information supplied wit	this filing does not qualify for t		d in Section 119 07(3)(i) Florida Statutes, Lifurther cortifu	that the information		

4. 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 trusted 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.

2/04/98