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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H35028

(0)

HINKLE DRYWALL, INC.

FILED Feb 27 1998 8:00am Secretary of State

				TERRITORIA OLICO HILIO ENIMI ROMA ELICA DELLA COLLI OLICO DI CALLO DI CALLO DI CALLO DI CALLO DI CALLO DI CALL
Principal Place	e of Business	Mailing Address		L ARBADAN DAGO TAUBN ETINI ROMAN NATAL NATAN BADAN
% GARY S. HINKLE 102 NORTH DRAKE STREET PLANT CITY FL 33567-4507		% GARY S. HINKLE 102 NORTH DRAKE STREET PLANT CITY FL 33567-4507		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a. Mailing Address		12/21/1984 4. FEI Number Applied For
 		26 2404 BUG	Khacalur	
Suite, Apt. #, etc. Suit		Suite, Apt #, etc	- CARDITIES	¢o 7E Additional I
22 2404 Buckhorn Kun Dr		27		6. Certificate of Status Desired Fee Required
City & State		City & State	 /	Election Campaign Financing \$5.00 May Be
23 Valrico, H-		28 Varico		Trust Fund Contribution Added to Fees
Zφ □ 3:2 < 4	Country	7 22<94	Country	8. This corporation owes or has paid the current year Intangible
24 33594 25 All Shorou 28			30	Personal Property Tax due June 30. Yes
ad I to				10, Italile and Address of Item registered Agent
HINRLE, GART S.				
102 NORTH DRAKE STREET PLANT CITY FL 33566			82 Street A	ddress (P.O. Box Number is Not Acceptable)
PLANI CITT PL 33300			83	
			84 City	FL 85 Zip Code
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	Signature, typed or protect rains, of regularing agosts.	and the desired state of the ANOLE	Registered Agent signature	equired when reinstaling) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	HINKLE, GARY S.		1.2 NAME	
STREET ADDRESS	102 N. DRAKE STREET		1.3 STREET ADDRESS	2404 Buckharn Run Dr
City-St-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP	2404 Buckhorn Run Dr Valrico, Fl. 33594
TITLE	STD	☐ DELETE	2.1 TITLE	Change Addition
NAME	HINKLE, CYNTHIA		2 2 NAME	asteria a seles as Dia Da
STREET ADDRESS	102 N. DRAKE STREET		2 3 STREET ADDRESS	2404 Buckhorn Run Dr
CITY-ST-ZIP	PLANT CITY FL		2 4 CITY-ST-ZIP	Valrico, Fl. 33594
TITLE		☐ OFLETE	3 1 TITLE	Change Addition
NAME			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	nemanane med	DELFTE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition
NAME		OLUTE	4.1 TILLE 4. 2 NAME	Change Addition
STREET ADDRESS			4.3 STHEET ADDRESS	
CITY-ST-ZIP			4.4 C(TY-ST-ZIP	
THILE		DELETE	5.1 THLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADORESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY+ST-ZIP	
14. Thereby 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 is strue 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 changes, or on an attachment withan address.				

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813-643-8605

CR2E034 (10/97)