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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J38001

1. Corporation Name

"A" BETTER CEILING, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90019 011 ***150.00



Mailing Address Principal Place of Business 4680 N.E. INDIAN RIVER DR. 4680 N.E. INDIAN RIVER DR. JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/15/1986 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 59-2794779 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees Trust Fund Contribution 23 28 Country Country Zip This corporation owes the current year Intangible Zip □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ANDERSON, CARL 82 Street Address (P.O. Box Number is Not Acceptable) 4680 N.E. INDIAN RIVER DR. JENSEN BEACH FL 34957 83 Zip Code 84 85 City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Addition ☐ DELETE [T] Change 1.1 TITLE TITLE ANDERSON, CARL 1.2 NAME NAME 4680 NE INDIAN RIVER 1.3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 14 CITY-ST-ZIP CITY-ST-ZIP Addition [] Change □ DELETE 2.1 TITLE TITLE 2.2 NAME ANDERSON, CARL NAME 4680 NE INDIAN RIVER 2.3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition DELETE TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ... DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)