## 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

## FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90020 033 \*\*\*150.00

DOCUI 1. Corporation	MENT # <b>J49858</b>				
ROWE DRYWALL, INC.					
3152 NORTHSIDE DR. 3152 NORTHSIDE DR.					
KEY WEST FL 33040-1123 KEY WEST FL 33040-1123				. DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				12/22/1986	
Principal Place of Business     2a. Mailing Address			4. FEI Number Applied For		
21 26			59-2767400 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required		
22					
23 - 28			6. Election Campaign Financing \$5.00 May Be		
Zip Country Zip		Country	8. This corporation owes the current year Intangible		
24	25	29	30	Personal Property Tax.	
	9. Name and Address of Curren	nt Registered Agent	- 1	10. Name and Address of New Registered Agent	
MOD.	E POREDT G		81 Name		
ROWE, ROBERT G. 3152 NORTHSIDE DR		82 Street	Address (P.O. Box Number is Not Acceptable)		
KEY WEST FL 33040			83		
NET WEST 12 55040					
			84 City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes			s, the above-named	comporation submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	thorized by the corn	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE		,			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I			Registered Agent signature r		
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
TITLE NAME	Rowe, robert G	O DELETE	1.2 NAME		
STREET ADDRESS	15 LUNA LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	ROWE, JEFFREY K.		2.2 NAME		
STREET ADDRESS	14 EL MONTE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		2. 4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE	Change Addition	
NAME	ROWE, GREGORY M.		3 2 NAME	†	
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	KEY WEST FL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition	
NAME (		<u></u>	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change Addition	
NAME	,		5.2 NAME	,	
STREET ADDRESS	· 		5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CRY-ST-ZIP	The state of the s	
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME	Change Addition	
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 OTTY OF TIP		

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 accordate 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 and the 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 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 of the corporation of the corporation or the receiver of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of t

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR