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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name K79208

(0)

CUSTOM DRYWALL, INC.

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FILED Feb 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						i anningiri ani annin sarin anni Anthi Anti Anti Anti Anti Anti Anti Anti Ant	ELI AIRKI BIRIL BI	INI DIDIL INDI
C/O RONALO		C/O RONALD HALFACRE						
4912 FAUNA MELBOURNE		4912 FAUNA DR. Melbourne Fl 32834				DO NOT WRITE IN THIS SPACE		
		17420071112 1 4 40001				3. Date Incorporated or Qualified		
						03/27/1989		
	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21	#	[26]				59-2941596		lot Applicable
Suite, Apt.	#, e ic.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional leguired
City & State	3	City & State	City & State				***************************************	
23	-	28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip			Cou	Country		8. This corporation owes or has paid the cr		
24	25	29	30	30		Personal Property Tax due June 30.		J No
	9, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent	
HA	LFACRE, RONNIE E			81	Name			
	12 FAUNA DR.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
ME	LBOURNE FL 32934			83				
				84	City		or 7io	Codo
				64	City	Fi	85 Zip	Code
11. Pursuant to	to the provisions of Sections 607.05 egistered agent, or both, in the State of Amiliar with and accept the obliger	02 and 607.1508, Florida Statu e of Florida, Such change was pations of Section 607.0505, F	ites, the all authorized lorida Stat	oove d by	-named corp the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing i pointment as	its registered registered
SIGNATURE	The second will also be seen to oblig	ganona or, Bootlon box.0000, 1	ionoa otat	uics.	•			
SIGNATURE .	Signature, typed or printed name of registered ac	gent and title if applicable. (NO	Tt : Rogistered	J Ager	nt signature requi	red whon reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DELETE	1.1 TO				☐ Change	☐ Addition
NAME	HALFACRE, RONNIE E.		1.2 NA					}
STREET ADDRESS	4912 FAUNA DR.				ADDRESS			
CITY-\$1-ZIP TITLE	MELBOURNE FL S	DELETE	2.1 Ti	TY-ST	- ZIP		Change	Addition
NAME	HALFACRE, PATRICIA A				1		☐ Onange	
STREET ADORESS	4912 FAUNA DR		2.2 NAME 2.3 STREI		VUVDE66			
CITY-ST-ZIP	MELBOURNE FL		2 4 CITY-ST-ZIP					
TITLE			3.1 Ti				Change	Addition
NAME	.		3.2 NA		1			
STREET ADDRESS			3.3 ST	REET #	ADDRESS			
CITY-\$1-ZIP	3.4.		3.4. C	ITY-SI	T - ZIP			
TITLE		☐ DELETE 4.1		ILE			Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 \$1	ree1 A	ADDRESS			
CITY-ST-ZIP			4.4 CI	IY-\$1	- ZIP		-	
TITLE		☐ DELETE	5.1 Til]		Change	Addition
NAME			5.2 NA					
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP		T no. ee-	5 4 C		- ZIP			
TITLE		☐ DELĒTE	6 1 TIT				☐ Change	Addition
NAME			6.2 NA		1			
STREET ADDRESS				6.3 STREET ADDRESS				
CiTY-ST-ZIP			6.4 CI	IY-ST	- 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 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.

CIGNATURE.

Ronnie Halfacre

1-29.98 (402) 255-0110