

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90198 006 ***150.00

DOCUMENT # K88643

1. Corporation Name
WHITNEY DRYWALL TEXTURES, INC.

Principal Place of Business Mailing Address
9545 135TH ST NORTH 9545 135TH ST NORTH 10501 VONN RD
SEMINOLE FL 34646 SEMINOLE FL 34646 LARGO, FL 33774-5507
10501 VONN RD.
LARGO, FL. 33774-5507

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	05/16/1989	80-6064040-59 2947209	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year Intangible	Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	29			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHITNEY, TIMOTHY 9545 135TH STREET NORTH 10501 VONN RD. SEMINOLE FL 34646 LARGO, FL 33774-5507		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, TIMOTHY	1.2 NAME	
STREET ADDRESS	9545 135TH ST. N.	1.3 STREET ADDRESS	10501 VONN ROAD
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	LARGO, FL 33774-5507
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, MICHELE	2.2 NAME	
STREET ADDRESS	9454 135TH ST. N.	2.3 STREET ADDRESS	10501 VONN ROAD
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	LARGO, FL 33774-5507
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/21/99 727-596-6426 ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)