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

DOCUMENT # L35730

1. Corporation Name

D O C DOVAMALL INC

D & S DRYWALL, INC.

Mailing Address Principal Place of Business % JESSE ORTEGA % JESSE ORTEGA 1432 AZALEA AVE 1432 AZALEA AVE DO NOT WRITE IN THIS SPACE CASSELBERRY FL 32707 CASSELBERRY FL 32707 3. Date Incorporated or Qualifed 12/08/1989 4. FEI Number Applied For Mailing Address 2. Principal Place of Business 59-2985514 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State П Added to Fees Trust Fund Contribution 23 8. This corporation owes the current year Intangible Country Zip Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ORTEGA, JESSE Street Address (P.O. Box Number is Not Acceptable) 82 1432 AZALEA AVE CASSELBERRY FL 32707 83 85 Zip Code City 84 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required w ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE ORTEGA, JESSE 1.2 NAME NAME 1432 AZALEA AVE 1.3 STREET ADDRESS STREET ADDRESS CASSELBERRY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY+ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE: 4

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3-30-99

407-696-2830 Dayline Phone #

Change

Addition

FILED Mar 31, 1999 8:00 am

Secretary of State

03-31-1999 90028 008 ***158.75

-- CR2E034 (11/98)