## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1990

DOCU	MENT	#	L7804	19		(8)										
1. Corporation Name  BOBBY ASHLEY DRYWALL SPRAY SERVICE, INC.																
Principal Place of Business Mailing Address								_		-	1 10011011 011 18301 1831 00111 0101					
615 - 24TH ST., NW WINTER HAVEN FL 33880					615 - 24TH ST., NW Winter haven fl 33880											
US	FER FE 33000	,			US PAY	EN FL 33	BBU			ļ.,				- <u>-</u>		
										3	Date Incorporated or Qualified 06/01/1990	За.	Date of Las 06/05/			
2. Principal Place of Business					28. Mailing Address					4	I. FEI Number		Ţ	- <del></del>	plied For	
21 Suite, Apt. #, etc.					Suite, Apt. #, etc.					- -	59-3014238	• • • • • • • • • • • • • • • • • • • •	<b>e</b> 9		t Applicable	
22					27					5	. Certificate of Status Desired				quired	
City & State					City & State					6	Election Campaign Financing     Trust Fund Contribution				May Be	
Zip	Country			-	Zip	Country			8. This corporation has liability for intangible tax under s 199.032,							
24	4 25 9. Name and Address of Current I					29 30					Florida Statutes  Yes XNo					
	8, 1101110	anu	Address of Curre	iii negis	itered Agent		81	īT	Name	10	Name and Address of New F	tegiste	ered Agent			
ASHLEY	, Bobby i	١.					82	L		(	P.O. Box Number is Not Acceptab	1_1				
615 - 24TH ST., NW								L.	Street Acon	<b>0</b> 85 ()	2.O. Box Number is not Acceptate	)le) 				
WINTER	HAVEN FI	. 33	380				83	1		_						
							84	1	City					.Zip C		
11. Pursuant t	to the provision	ons c	f Sections 607.050	2 and 60	7.1508, Floric	da Statute	es, the above	na	amed corpora	ation	submits this statement for the pur			ls regi	stered office	
	th, and accep	ot the	obligations of, Sec	tion 607.	.0505, Florida	Statutes	out the conf	JŲ,	racon s ocar	O OI C	directors. I hereby accept the app	OiNtme	ent as register	red ag	ent. I am	
SIGNATURE _	Signature, typed	or print	ed name of registered agen	nt and title if a	applicable	(NO	TE: Registered Age	ent s	sionature required	when	reinstating)	<u>-</u> -	ATE	-		
12.			OFFICERS AN	ID DIREC	TORS		13.			···-	ADDITIONS/CHANGES TO OFF			TORS	IN 12	
TIILE	D	, ,,	NOOV N		☐ DEL	LETE	1 1 TITLE						☐ Chang	F [	Addition	
NAME CLOSELY ADDRESS			)BBY N. St., NW				1.2 NAME									
STREET ADDRESS CITY - ST - ZIP	WINTER						1.3 STREE		1							
TITLE	SD	11//	101110		☐ D£l	LETE	1.4 CITY- 2 1 TITLE		- ZIP				Chance	, F	Addition	
NAME	ASHLEY	, BE	VERLY A.		<b>L</b> ,		2 2 NAME						☐ Outro	, L	_; Addition	
STREET ADDRESS 615 - 24TH ST., NW								2.3 STREET ADDRESS								
CITY - ST - ZIP	WINTER	HA	/EN FL				2 4 CITY-	ST-	ZIP							
TITLE					☐ DEL	.ETE	3 1 TITLE						☐ Chang	£ [	Addition	
NAME OFFICE ADDRESS							32 NAME									
STREET ADDRESS							3 3. STREE									
CITY-ST-ZIP TITLE				···	DEL	ÉTE	3.4 CITY-1		- ZIP				(T) (%		7 1 2 2 2 2	
NAME						·CIC	4. FILLE						☐ Chang	E L	Addition	
STREE! ADDRESS							4.3 STREE	Γ <b>Δ</b> Γ	nnesss							
CITY-ST-ZIP							4.4 CITY - 3									
TITLE					DEL	.ETE	5 1 TITLE	<u>,,                                    </u>	211				Chang	е г	Addition	
NAME							5.2 NAME		!					<b>.</b>		
STREET ADDRESS							5.3 STREE	I A[	DDRESS							
CITY-ST-ZIP							5.4 CITY-5	31-	ZIP							
TITLE					☐ DEL	.ETE	6 1 TITLE						☐ Chang	e [	Addition	
NAME							62 NAME									
STREET ADDRESS							6.3 STREET									
City-St-ZiP	certify that t	he in	formation supplied	with thic	filing is volunt	tarily furni	6.4 CiTY-S	1-	ZIP Inch qualify for	r the	exemption stated in Section 119 (	6 - 16 · 11				

If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: SIGNATURE AND

BULLION AND HALLEN STORE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-26-96 941-325-3960