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

PROFIT Feb 11 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (3) CHARLES BRANDON DRYWALL, INC. Principal Place of Business Mailing Address 1324 SE 33CT 1324 SE 33CT OCALA FL 34471 OCALA FL 34471 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1990 2a. Mailing Address 2. Principal Place of Business Applied For 59-3000194 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing OCALU 28 Trust Fund Contribution Added to Fees Zin Country 8. This corporation owes or has paid the current year Intangible marion Yes marion Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BRANDON, CHARLES T., III 195-SE 32 PLACE 82 OCALATE 34471-83 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 when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change TITLE 1.1 TITLE Brandon Charles T. III BRANDON, CHARLES T., III 12 NAME NAME 27556 3481 1324 SE 33CT 1.3 STREET ADDRESS STREET ADDRESS Ocala F1.34471 OCALA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition 21 TITLE TITLE Brandon, Wendyk. BRANDON, WENDY K. 22 NAME NAME 275 5E 34P1 1324 SE 33CT 2.3 STREET ADDRESS STREET ADDRESS 0 cala F1. 34471 CITY-ST-ZIP <u>Ocala fl</u> 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE ☐ Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 6.1 TITLE ___ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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.

Charles T'Roman III

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