2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAY 25 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05098736

DOCUMENT #L99000006168

1. Entity Name
Citrus Drywall & Insulation LLC

Principal Place of Business	Mailing Address
6411 S.Tex Pt. Homosassa Fl.34446	PO.Box 1820 Homosassa Spring,Fl 34447

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3600033 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Troy Calvin Matthewson 6444W.Homosassa Trail Homosassa Fl.34448	Name: Troy Calvin Matthewson Street Address (P.O. Box Number is Not Acceptable): 6411 S.Tex Pt. City: Homosassa FL Zip Code: 34446

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

9. SIGNATURE: Troy C Matthewson — Troy C Matthewson — 5-1-00
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

☐ The corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See other side)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
President Trov calvin Matthewson 6587 W.Ostwest Homosassa Fl 34446 (MGRM) ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 300003289899--1 -05/14/00--01113--010 *****50.00 *****50.00
V.President Kenneth W.Adams 6136 W.Constitution Lane Homosassa Fl 34448 (MGRM) ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add
Director Roger D.Adams 6370 W.Tangerine Lane Crystal River Fl 34429 (MGRM) ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add

(EF21 034 (3/99))

13. 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 report or supplemental 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 11 or Block 12 above or on an attachment with an address, with all other like empowered.

SIGNATURE: Troy C Matthewson — Troy C. Matthewson 5-1-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date