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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M98639

1. Corporation Name

COURTNEY DRYWALL, INC.

, , , , , , , , , , , , , , , , , , , ,	
Principal Place of Business	Mailing Address
15121 NIGHTHAWK DR TAMPA FL 33625	15121 NIGHTHAWK DR TAMPA FL 33625

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90091 040 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/15/1988 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2908270 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes the current year Intangible Ζiρ □ No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COURTNEY, JERRY R. Street Address (P.O. Box Number is Not Acceptable) 82 15121 NIGHTHAWK DR TAMPA FL 83 Zip Code 85 84 City HOMBER ET PORTE A C

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 OFFICERS AND DIRECTORS 13. 12. Change __ Addition DELETE 1.1 TITLE TITLE COURTNEY, JERRY R. 1.2 NAME NAME STREET ADDRESS 15121 NIGHTHAWK DR. 1.3 STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change · 🗀 Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIF CITY-ST-ZIP 6.1 TITLE [] Change Addition DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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

AIGNATURE MO TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 813-961-6446
Date Daytime Phone #

CR2E034 (11/98)