Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90173 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P92000012448

1. Corporation Name

SUPERIL	or drywall service, inc	. <u>ن</u>										
	•		•									
Principal Place	e of Business	Maili	ng Address			*						
204 COLLIER D			COLLIER DR. SE.									
WINTER HAVEN FL 33884 WINTER HAVEN FL 33884								DO NOT	WRITE IN TH	IIS SPACE	=	
US		US					-	Date Incorporated or Qual			_	1
	•						3.	•	meu			
2 5	L. C.	20.1	Anilina Address				-	12/15/1992 FEI Number		<u> </u>	T 4 no	lied For
 -	lace of Business	\vdash	Mailing Address							-	+	
21	3	26		-4.**-				<u>59-3240987</u>		- 60		Applicable
Suite, Apt.	#, etc.	\vdash	luite, Apt. #, etc.				5.	Certificate of Status Desire	ed 🗆	•	ee Req	dditional
22		27			.—							
City & Stat	e ·	- ├	City & State					Election Campaign Finance	ing 🗆	•	.UU N Ided to	/lay Be
23		28	"-	C			-+	Trust Fund Contribution			ided to	rees
Zìp	Country	-	ip		ıntry			This corporation owes the	current year	Intangible Yes		⊒K₀
24	[25]	29		30	_			Personal Property Tax. Name and Address of N	ow Pagistar		, .	2110
	9. Name and Address of Currer	nt Kegistei	rea Agent		81	Name	10.	Maille ditu Address of IV	ew ivediatel	au Agent		-
FIEL	DS, ROY D				"	Name						
	COLLIER DRIVE, S.E.				82	Street Addre	ess (P.	O. Box Number is Not Acc	ceptable)			
	TER HAVEN FL 33884											
44114	IER PIAVER LE 33004				83			•	•			
					84	City				85	Zip C	ode
	,		•			,				L		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607	.1508, Florida S	Statutes, the a	bove	e-named corpo	oration	submits this statement for	the purpose	of changii	ng its r as rea	egistered istered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, S	ection 607.0505	5, Florida Stat	utes.	ille corporatio	113 50		iccopt the up		uo .og	.0.0.00
SIGNATURE	•											1
CICITITOTE	Signature, typed or printed name of registered age		•		Agen	t signature required			DATE		-070	20 111 40
12.	OFFICERS AN	ND DIRECT		13.			Α	ADDITIONS/CHANGES TO	OFFICERS	AND DIR		KS IN 12
TITLE	P		□ DELET		71 -							
NAME	FIELDS, ROY D					I .		**		☐ Ch	ange	Addition
STREET ADDRESS		•		1.2 N				••		∐ Ch	ange	
	204 COLLIER DRIVE	•		1.2 N/	AME	ADDRESS			. •	∐] Ch	ange	
CITY-ST-ZIP	204 COLLIER DRIVE WINTER HAVEN FL 33884	•		1.2 N/ 1.3 ST	AME						-	Addition
CITY-ST-ZIP TITLE			☐ DELET	1.2 N/ 1.3 ST 1.4 CI	AME TREET					□ Ch	-	
		•		1.2 N/ 1.3 ST 1.4 CJ	AME TREET TY-ST				. •		-	Addition
TITLE NAME		•		1.2 NJ 1.3 ST 1.4 CJ "E 2.1 TI 2.2 NJ	AME TREET TY-ST TLE AME						-	Addition
TITLE NAME STREET ADDRESS		•		1.2 NJ 1.3 ST 1.4 CJ "E 2.1 TI 2.2 NJ	AME TREET TLE AME TREET	T-ZIP					-	Addition
TITLE NAME		· ·		1.2 Nv 1.3 ST 1.4 CI E 2.1 TI 2.2 Nv 2.3 ST 2.4 C	AME TREET TY-ST TLE AME TREET	T-ZIP	49,-77				ange	Addition
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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.

6.4 CITY-ST-ZIP 💝

941 324-1249