**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P93000072225

1. Corporation Name

DRYROC INTERIORS, INC.

## **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90007 028 \*\*\*150.00



Principal Place	e of Business	Mailing Address		1 1083108) 110 10100 11511 00111 00111 00111 00111 1	##18 ((#18 ()#}#	11891 \$1(( 188)
501 FOREST CT. CRESTVIEW FL 32536  501 FOREST CT. CRESTVIEW FL 32536  502 FOREST CT. CRESTVIEW FL 32536				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 10/11/1993		
2. Principal P	lace of Business	2a. Mailing Address	1 6	4. FEI Number	Ap	plied For
21 579	8 normandy	26 V.U. DOX 3	<i>b</i> 4	59-3202461	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			_	5. Certifcate of Status Desired	\$8.75 A	1
City & Stat	stricu FL	28 State VILW P		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 24 325	36 25 Hmerica		ountry merica	This corporation owes the current year Inta     Personal Property Tax.	angible XYes	□No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
			81 Name			1
	to, robert l Forest Ct.		82 Street Address (P.O. Box Number is Not Acceptable)			
CRESTVIEW FL 32536			83			
			84 City	FL	85 Zip (	Code
11 Dumunut	to the provisions of Sections 607 0503	and 607 1508 Florida Statutes the	above-named c	corporation submits this statement for the purpose of		registered
office or r	egistered agent, or both, in the State of	if Florida. Such change was authoriz	ed by the corpo	ration's board of directors. I hereby accept the appoir	ntment as re	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida S	tatutes.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if nonlicable /NOTE Pagists	and Agent signature re-	quired when reinstating) DATE		\
12.	OFFICERS AND		3.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PD		I TITLE	PP	Change	Addition
NAME	HUTTO, ROBERT L	13	2 NAME	Hutto, Kobert L		1
STREET ADDRESS	501 FOREST CT.	1.	S.STREET ADDRESS	5798 Normandy		
CITY-ST-ZIP	CRESTVIEW FL 32536		CITY-ST-ZIP	Presticul (23253b		- 1
TITLE	VSTD		TITLE	VSTO	Change	☐ Addition
NAME	HARRELL, DONALD JR.	2	NAME.	Harrell, Donald Tr.		1
STREET ADDRESS	400 DOCHOON DONE	Į	STREET ADDRESS	5827 Antler Way		
	CRESTVIEW FL 32536		4 CITY-ST-ZIP	5827 Antler Way Crestvice it 32536		\ \
CITY-ST-ZIP	CHECHNEW TE DESCO		1 TITLE	CI William In Day 90	☐ Change	Addition
NAME			2 NAME			
STREET ADDRESS			STREET ADDRESS			
		<b>■</b> **	4. CITY-ST-ZIP			1
C/TY-ST-Z/P TITLE			TITLE		Change	Addition
NAME			2 NAME			
			STREET ADDRESS			.
STREET ADDRESS			4 CITY-ST-ZIP			1
CITY-ST-ZIP			1 TITLE		Change	Addition
NAME			2 NAME		_ •	_
			3 STREET ADDRESS			1
STREET ADDRESS			4 CITY-ST-ZIP			1
CITY-ST-ZIP TITLE			1 TITLE		Change	Addition
	[ · 5		2 NAME	,	_ ,	_
NAME						
STREET ANDRESS			STREET ADORESS			

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 or an attachment with an address, with all other like empowered.

6.4 CITY-\$T-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP