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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 16 1998 8:00am

Secretary of State

DOCUMENT # P94000022606 (5)

DRYWALL DOCTORS, INC.

4000 20TH ST 17R-302 BRADENTON I		4000 20TH STREET W. 17R-302 Bradenton FL 34205			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					03/18/1994		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied Fo	
21		26			65-0550439	Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additions	
22		27			b. Continuate of States Desired	Fee Required	
City & State	•	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28	7		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ary	8. This corporation owes or has paid the curre		
4	9, Name and Address of Curre	nt Peoletered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registered A	Yes No	
		ur valisteren vilett		1 Name	TO. Name and Address of New Registered A	Jent	
	RRIS, DAVID E		Ľ	· · · · · · · · · · · · · · · · · · ·			
	0 20TH STREET W.		8	Street /	Address (P.O. Box Number is Not Acceptable)		
	1-302		9	13			
BRA	NDENTON FL 34205			~			
			[8	34 City		85 Zip Code	
44 0		007.4500.51.7.7.	1		corporation submits this statement for the purpose of c	<del></del>	
SIGNATURE .	in familiar with, and accept the oblig				required when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITU			Change Add	
NAME	Morris, David E		1.2 NAM	Æ			
STREET ADDRESS	4000 20TH STREET W., 17R	·302	1.3 STR	EET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34205		1.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLI			Change Add	
NAME			2.2 NAM	E			
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY-ST-ZIP			2. 4 CITY	Y-ST-ZIP			
TITLE		DELETE	3.1 TITLE	i		Change Add	
NAME			3.2 NAM	E [			
STREET ADDRESS			33 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	/-ST-ZIP			
TITLE		☐ DELÉTE	4.1 TITLE	:		Change Add	
NAME			4. 2 NAN	AE ]			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change Add	
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		DELETE	6.1 TiTLE			Change Add	
NAME	-		6.2 NAM	E			
STREET ADDRESS			6.3 STAE	ET ADDRESS			
CITY-ST-ZIP			6.4 CfTY	-ST-ZIP			
indicated of officer or o	on this annual report or supplement	al annual report is true and ac eiver or trustee empowered to	curate and I	that my sigr	d in Section 119.07(3)(i), Florida Statutes. I further certi nature shall have the same legal effect as if made unde required by Chapter 607, Florida Statutes; and that my	er oath; that I am a	

RIGHATURE DAVID E. MORRIS KANIF MORRIS 4-9-98 941-755-738