

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90056 038 ***150.00

DOCUMENT # P94000022606

1. Corporation Name
DRYWALL DOCTORS, INC.

Principal Place of Business
4000 20TH STREET W.
17R-302
BRADENTON FL 34205

Mailing Address
4000 20TH STREET W.
17R-302
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1994

4. FEI Number

65-0550439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2085 FLAMINGO BLVD.

Suite, Apt. #, etc.

22 6R-22

City & State

23 BRADENTON FL.

Zip Country

24 34207

25

2a. Mailing Address

26 2085 FLAMINGO BLVD.

Suite, Apt. #, etc.

27 6R-22

City & State

28 BRADENTON FL.

Zip Country

29 34207

30

9. Name and Address of Current Registered Agent

MORRIS, DAVID E
4000 20TH STREET W.
17R-302
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name

MORRIS, DAVID E

82 Street Address (P.O. Box Number is Not Acceptable)

2085 FLAMINGO BLVD.

83 6R-22

84 City

BRADENTON

FL

85 Zip Code

34207

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME MORRIS, DAVID E
STREET ADDRESS 4000 20TH STREET W., 17R-302
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME MORRIS DAVID E
1.3 STREET ADDRESS 2085 FLAMINGO BLVD.
1.4 CITY-ST-ZIP BRADENTON FL 34207

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

DAVID E MORRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-1999 941-755-7386
Date Daytime Phone #

CR2E034 (11/98)

0463992