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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000035859

1. Corporation Name

DRYWALL DESIGNS INC.

Principal Place of Business

**22570 SW 65 AVE
BOCA RATON FL 33428**

Mailing Address

**22570 SW 65 AVE
BOCA RATON FL 33428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1994

4. FEI Number

65-0490377

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 DRYWALL DESIGNS INC

2a. Mailing Address

26 DRYWALL DESIGNS INC.

Suite, Apt. #, etc.

22 10251 ISLANDER DR.

Suite, Apt. #, etc.

27 10251 ISLANDER DR.

City & State

23 BOCA RATON FL

City & State

28 BOCA RATON FL

Zip

24 33498

Country

25 PALM BCH

Zip

29 33498

Country

30 PALM BCH

9. Name and Address of Current Registered Agent

**HANIFL, PENELOPE
22570 SW 65 AVE
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name

HANIFL, PENELOPE

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

10251 ISLANDER DR

83

BOCA RATON

84 City

FL

85 Zip Code

33498

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 ☐ DELETE

NAME **DSPT**

STREET ADDRESS **HANIFL, REED**

CITY-ST-ZIP **22570 SW 65 AVE**

BOCA RATON FL

TITLE ☐ DELETE

NAME **DV**

STREET ADDRESS **HANIFL, PENELOPE R**

CITY-ST-ZIP **22570 SW 65TH AVE**

BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 ☒ Change ☐ Addition

1.2 NAME **DSPT**

1.3 STREET ADDRESS **HANIFL, REED**

1.4 CITY-ST-ZIP **10251 ISLANDER DRIVE**

BOCA RATON, FL 33498

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **DV**

2.3 STREET ADDRESS **HANIFL, PENELOPE R**

2.4 CITY-ST-ZIP **10251 ISLANDER DRIVE**

BOCA RATON FL 33498

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:

Penelope R Hanifl **REED PENELOPE R HANIFL** **1/19/99 (561) 483-2211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)