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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # · P9500001696 (0)

FILED May 21 1998 8:00am Secretary of State

SUPER	RB DRYWALL SPRAY, INC.							
Principal Place of Business Mailing Addross						a impistibly time stated diving diving theiri gallet gal	11 m (p) (p) 41 m (p) (p) (p) (p) (p)	110 BILL 1981
127 LUCA LN 127 LUCA LN KISSIMMEE FL 34743 KISSIMMEE FL 34743						DO NOT WRITE IN 1	THIS SPACE	
						3. Date Incorporated or Qualified 01/05/1995		
2. Principal F	Place of Business	2a. Mailing Address		- · · · •		4. FEI Number	Aı	oplied For
21		26				59-3297481	⊢ +	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	∤• ¬			5. Certificate of Status Desired	\$8.75	
City & State		City & State					Fee Re	beriupe
23		28				6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees
Zip	Country	Ζφ				8. This corporation owes or has paid th		
24	25	29 30				Personal Property Tax due June 30.	☐ Yes ☐	No
	9. Name and Address of Currer	it Registered Agent		04		10. Name and Address of New Registe	red Agent	
	WARD T. NASH			81	Name			
1400 W. OAK ST. H				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	SSIMMEE FL 34769			83				
7								
				84	City		FL 85 Zip	Code
11. Pursuant office or a agent. La	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the oblig.	2 and 607,1508, Florida Statut of Florida Such change was a ations of, Section 607,0505, Flo	os, the al authorized orida Stat	bove- d by t utes.	named corp he corporati	oration submits this statement for the purpo ion's board of directors. I hereby accept the	se of changing it appointment as	s registered registered
SIGNATURE								
12.	Signature, typical or product name of registered age		Registered	d Agent	signature require	DA when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		10 IN 40
TITLE	D	OFFICERS AND DIRECTORS 1.1 DELETE 1.1		TLE	Т	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	GALLAHAN, TROY	1.2 N						
STREET ADDRESS	127 LUCA LN		1.3 ST	1.3 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34743	·		1Y-ST-	ZIP			[
TITLE	VP	☐ DELETE	2 1 TII	TLE.			Change	Addition (
NAME	PAMELA GALLAHAN 127 LUCA LANE		2.2 NAME		Ì			
STREET ADDRESS	KISSIMMEE FL		2 3 STREET ADDRESS					
CITY-ST-ZIP TITLE	TWOOMMELT	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		ZIP		Change	Addition
NAME		□ precut	3.2 NAM				L_1 Cuantie	Audition
STREET ADDRESS					DDRESS			
CITY-ST-ZIP	•			TY-ST-				
TITLE		DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET		DORESS			
CITY-ST-ZIP			4.4 CITY- 5		ZIP			
TITLE		∐ DEL€TE	5.1 TH				☐ Change	Addition
NAME PIRET ADDRESS			52 NAME					İ
STREET ADDRESS			5.3 STREET 5.4 CITY - S					
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT		ZIP		☐ Change	Addition
NAME			6.2 NA				⊏ வகமி	Addition
STREET ADDRESS				reet ad	ODRESS			
				Y-ST-]
	certify that the information supplied wi	th this films does not qualify fo				Section 119 07/3Vi), Florida Statutor, I furthe	e andifu that the	information

14. Thereby 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 of supplicmental 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 conduction of the receiver or trosport in provered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of that gard, or or or an attaching only and years.

Chapter 607, Florida Statutes; and that my name appears in