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 Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90115 001 ***150.00

DOCUMENT #	P960000297	07
1. Corporation Name	, 000000	•

ADCOCK DRYWALL SPRAY SERVICE, INC.

Principal	Place	ot	Busines
4400 C W	ca TE	:00	ACE

PLANTATION FL 33317

Mailing Address

1460 S.W. 63 TERRACE PLANTATION FL 33317



								DO NO	SI AALZEIR	= IN THIS	SPACE	
						3, E	Date Incorp	orated or C	lualifed			
))4/02/19	96				
2. Principal P	Place of Business	2a. Mailing Addre	ss			4, F	El Numbe	r.			T A	pplied For
21		26	Mary			:	65-06476	603			N	ot:Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			-	Cartifonto o	f Status Da	eired			Additional
22		27				3. (Јеписање о	f Status De		<u> </u>	Fee R	equired
City & Stat	te	City & State				6. E	Election Ca	mpaign Fin	ancing	П	\$5.00	May Be
23		28				т	Trust Fund	Contributio	n	<u> </u>	Added	to Fees
Zip	Country	Zip	C	Country		8. 1	This corpor	ation owes	the curre	nt year In	tangible	
24	25	29	30			F	Personal Pi	operty Tax			Yes	N₀
	9. Name and Address of Current					10. I	Name and	Address o	f New Re	gistered	Agent	
				81	Name							
ADO	OCK, JOHN			200	- 	11	O. D N	ahaa io N-4	Assontati	lo\		
	O S.W. 63RD TERRACE			82	Street A	ddress (P.0	O. Box Nur	nber is ivot	Acceptad	ne)		
	NTATION FL 33317			83								
				84	City					Fl	85 Zip	Code
												
11. Pursuant	to the provisions of Sections 607,0502 registered agent, or both, in the State of	2 and 607,1508, Florid	ia Statutes, the	e above	-named c	corporation :	submits thi	s statement Inrs. I herek	tor the p	the appo	intment as r	s registered eaistered
office or l	registered agent, or both, in the State t am familiar with, and accept the obligat	ions of, Section 607.0	505, Florida S	statutes.	arie corpor	iation 3 boa	,, a b, a,, co	.013. 1110101	., asoop.			
											•	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE Registe	ered Agen	t signature rec	quired when rei	nstating)			DATE		
12.	OFFICERS ANI	D DIRECTORS	1	13.		Al	DDITIONS	CHANGES	TO OFF	CERS A	ND DIRECT	
TITLE	D	□ DE	LETE 1.	.1 TITLE							Change	Addition
NAME	ADOCK, JOHN		1	.2 NAME	-							
STREET ADDRESS	ALAN OLIV ANDO TEDDAGE		1 1	.3 STREET	ADDRESS							
	PLANTATION FL 33317			.4 CITY- ST	J						•	
CITY-ST-ZIP	 	☐ DE		1 TITLE	-211						Change	Addition
TITLE	D ADDOM DODNEY	(0.			}						~ `	_
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STREET ADDRESS		-	2.	.3 STREET	ADDRESS	12151		1 13 FL	220	77	·	
CITY-ST-ZIP	DAVIE FL 33317—			4 CITY-S	ו מוכד	5UNA	(15E,	PC	722	<u> 45 </u>		
TITLE	_				1-219							
NAME	i	□ DE	ELETE 3.	.1 TITLE	1-219	<u> </u>					☐ Change	Addition
6*********************		□ DE		.1 TITLE .2 NAME	1-219		,				☐ Change	Addition
STREET ADDRESS		□ DE	3.	.2 NAME	ADDRESS		,				☐ Change ·	Addition
		□ DE	3.	.2 NAME	ADDRESS		,				☐ Change	Addition
CITY-ST-ZIP		D8	3. 3	.2 NAME .3 STREET	ADDRESS		,				☐ Change	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

John T. Adcock -2/12/99

(954) 583-6547