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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055017 (3)

BERNARD'S DRYWALL OF DEBARY PHASE II, INC.

Principal Place of Business Mailing Address 338 ALAMANDER AVENUE 338 ALAMANDER AVENUE DEBARY FL 32713 DEBARY FL 32713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1996 2. Principal Place of Business 2a, Mailing Address FFI Number Applied For 21 26 59-3391572 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Žψ Country Country This corporation owes or has paid the current war Intangible Yes 24 25 ☐ No 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILFERD, EMMY V 338 ALAMANDER AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) DEBARY FL 32713 83 84 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change ☐ Addition 1.1 10 E NAME WILFRED, BERNARD 1.2 NAME 338 ALAMANDER AVE STREET ADDRESS 1.3 STREET ADDRESS DEBARY FL CITY-ST-ZIP 1.4 CHTY-ST-7/P DETETE THIF Change Addition 2.1 TITLE NAME WILFRED, EMMY 2 2 NAME 338 Alamander ave STREET ADDRESS 2.3 STREET ADDRESS Debary Fl City-St-ZIP 2. 4 CITY- ST-ZIP DELETE TITLE 3.1 TITLE ___ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-\$1-7iP DILLETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 THLE Change Addition NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5.4 OITY - ST - 7IP DELETE TITLE Addition 6.1 TITLE NAME 6.2 NAME TREET ADDRESS 6.3 STREET ADDRESS

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 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 ficer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ock 12 or Block 13 if changed, or on an attackment with an address.

6.4 CITY - \$1 - 2IP