

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

PRQFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90104 026 ***150.00

DOCUMENT # P96000056687

1. Corporation Name
E&J DRYWALL, INC.

Principal Place of Business
331 WEKIVA SPRINGS ROAD
APOPKA FL 32703

Mailing Address
21120 COUNTY RD 44A
EUSTIS FL 32726
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1996

4. FEI Number
59-3385397

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, JOSEPH
331 WEKIVA SPRINGS ROAD
APOPKA FL 32703

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
21120 County Road 44A
83
84 City EUSTIS FL 85 Zip Code 32726

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME JONES, JOSEPH
STREET ADDRESS 331 WEKIVA SPRINGS ROAD
CITY-ST-ZIP APOPKA FL 32703

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 21120 County Road 44A
1.4 CITY-ST-ZIP EUSTIS FL 32726

TITLE VD
NAME JONES, ERIC
STREET ADDRESS 305 NO WEKIVA SPRINGS ROAD
CITY-ST-ZIP APOPKA FL 32703

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 628 Terraceview Cove #101
2.4 CITY-ST-ZIP Altamonte Springs FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

1-14-99 (467)

Date

Daytime Phone #

CR2E034 (1/98)

0055817