

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 30, 1999 8:00 am
Secretary of State

03-30-1999 90043 009 ***150.00

DOCUMENT # P96000059800

1. Corporation Name
PROFESSIONAL TOUCH DRYWALL COMPANY, INC.



Principal Place of Business
2145 MOUND AVE.
PANAMA CITY FL 32405

Mailing Address
2145 MOUND AVE.
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1996

4. FEI Number

59-3393067

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

2a. Mailing Address

21 3627 COURTNEY DRIVE

26 3627 COURTNEY DRIVE

Suite, Apt., etc.

Suite, Apt., etc.

22 PANAMA CITY BEACH, FL

27 PANAMA CITY BEACH, FL

City & State

City & State

23 32408 BAY

28 32408 BAY

Zip

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARR, MIKE
2145 MOUND AVE.
PANAMA CITY FL 32405

81 Name

SLADE R. WARD

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

3627 COURTNEY DRIVE

83

PANAMA CITY BEACH, FL 32408

84 City

FL

85 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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Slade R. Ward* SLADE R. WARD

3-26-99

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 D
NAME BARR, MIKE
STREET ADDRESS 2145 MOUND AVE.
CITY-ST-ZIP PANAMA CITY FL 32405

DELETE

1.1 TITLE PRESIDENT / OWNER
1.2 NAME SLADE R. WARD
1.3 STREET ADDRESS 3627 COURTNEY DRIVE
1.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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: *Slade R. Ward*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99 (850) 866-3327

Date

Daytime Phone #

CR20034 (11/98)