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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



Secretary of State DIVISION OF CORPORATIONS

P96000079286 (6) DOCUMENT # 1. Corporation Name

COMMERCIAL DRYWALL & PLASTERING, INC.

Principal Place of Business

Mailing Address

## **FILED** May 20 1998 8:00am Secretary of State



22750 NORTH US HWY. 41 MICANOPY FL 32867		22750 NORTH US HWY. 41 MICANOPY FL 32667		DO NOT WRITE IN THIS	* CDACE		
					3. Date Incorporated or Qualified 09/19/1996	37 AOE	
2. Principal P	lace of Business	2a, Mailing Address	2a. Mailing Address		4. FEI Number	Ac	plied For
21		26			59-3401320	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27]			6. Continuate of Status Desired	Fee Re	quired
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu	ı <u>rre</u> nt year Int	angible
24		29	30		Personal Property Tax due June 30. Yes No		
	g. Name and Address of Currer	it Registered Agent		41	10. Name and Address of New Registered	Agent	
	SSON, C. BARRY		8	1 Name			
22750 NORTH US HWY. 41 MICANOPY FL 32667			8		fress (P.O. Box Number is Not Acceptable)		
			8	3			
•			8	4 City	FL	85 Zip (	Code
11, Pursuant to office or reagont. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with land accept the oblig.	2 and 607.1508, Florida Statu of Horida. Such change was itions of, Section 607.0505, Fl	tes, the abo authorized I lorida Statut	ve-named cor by the corpora es	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	of changing its pointment as	s registered registered
SIGNATURE							
	Signature, typed or present name of registrated rigi			gent signature requ	ired when reinstating) DATE		
12.	OFFICERS AN	DELETE DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AN		
NAME	GIBSON, C. BARRY	ר"ו הנדבונ	1.1 TITLE			Change	☐ Addition
STREET ADDRESS	22750 NORTH US HWY. 41		1.2 NAMI				İ
	MICANOPY FL 32667			ET ADDRESS			1
CITY-ST-ZIP TITLE	MIO/MOT TE DEDOT	DELETE	2.1 TITLE			Change	Addition
NAME		_ bitten	22 NAME	ŀ		L_ Change	Accition
STREET ADDRESS				ET ADDRESS			
CiTY-ST-ZIP			2.3 3 INC				1
TITLE	<del></del>	☐ DELFT€	31 TITLE			Change	Addition
NAME			3.2 NAME			•	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CiTY				
TITLE		DELETE	4.1 TITLE	<u> </u>		☐ Change	Addition
NAME			4. 2 NAM	E		•	
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP			4.4 CITY	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			ĺ
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	1 ADDRESS			Į.
CITY-ST-ZIP			64 CITY-	ST - ZIP			

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 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or that an address.