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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000095511

1. Corporation Name

B & L DRYWALL & METAL FRAMING, INC. NAMED CHANGED TO
SONSHINE DRYWALL & METAL FRAMING, INC. AS OF 12/10/98
ARTICLE OF AMENDMENT FILED IN TALLAHASSEE.

Principal Place of Business

796 MARINER TERRACE
 DELTONA FL 32725

Mailing Address

796 MARINER TERRACE
 DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number

59-3500612

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

21. Principal Place of Business
 18 Winchester Road

Suite, Apt. #, etc.

2a. Mailing Address

18 Winchester Road

Suite, Apt. #, etc.

23. City & State
 Ormond Beach, FL 32176

Zip Country

Volusia

27. City & State
 Ormond Beach, FL 32176

Zip Country

Volusia

9. Name and Address of Current Registered Agent

BOHLIN, RICHARD P
 796 MARINER TERRACE
 DELTONA FL 32725

10. Name and Address of New Registered Agent

81. Name
 Bruce Lampe
 82. Street Address (P.O. Box Number is Not Acceptable)
 18 Winchester Road

83. City

Ormond Beach

FL

85. Zip Code
32176

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

Bruce Lampe
 Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
 NAME BOHLIN, RICHARD P
 STREET ADDRESS 796 MARINER TERRACE
 CITY-ST-ZIP DELTONA FL 32725

TITLE ☒ DELETE
 NAME LAMPE, BRUCE A
 STREET ADDRESS 833 KNOLLVIEW
 CITY-ST-ZIP ORMOND BEACH FL 32169

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☐ Addition
 1.2 NAME Bruce Lampe
 1.3 STREET ADDRESS 18 Winchester Road
 1.4 CITY-ST-ZIP Ormond Beach, FL 32176

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

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

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

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 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:

Bruce Lampe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/99

CR2E034 (3-1/99)