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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000097065 (2)

BILLY EVANS DRYWALL, INC.

## **FILED** Feb 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						A LORENGET TIG NOTED BYING RANN BANK OFFIJ ZONYS IRSTN SCAN BANK ONNEL OUR HADY
4614 GONDOLIER ROAD 4614 G			GONDOLIER ROAD ING HILL FL 34609			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 11/19/1996
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number Applied For
21		26				<b>59-3411200</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required
City & State	9	— ´	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip Country		Zıp				8. This corporation owes or has paid the current year Intangible
24	25 29 30		30		Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
EVANS, BILLY					Name	
4614 GONDOLIER ROAD SPRING HILL FL 34609				82	Street A	ddress (P.O. Box Number is Not Acceptable)
or i	AINGI MILL FL 34008			83		
				84	City	FL 85 Zip Code
11 Pursuant t	to the provisions of Sections 607 050	02 and 607 1508 F	lorida Statutes	the abov	e-named c	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 profiled name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.		ID DIRECTORS	····	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	Ţ	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, BILLY		1.2 NAME			
STREET ADDRESS	4614 GONDOLIER ROAD		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34609		1.4 CITY-	ST-ZIP		
TITLE			2.1 TITLE		Change Addition	
NAME	EVANS, TOMMY		2.2 NAME			
STREET ADDRESS	4614 GONDOLIER RD		2.3 ST		T ADDRESS	,*. · · · ·
CITY-ST-ZIP	SPRINGHILL FL			2. 4 CITY-	ST-ZIP	
TITLE	S		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, TAWNDRA			3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL			3.4. CITY -	ST-ZIP	
TITLE		Ĺ	DELETE	4.1 TITLE	]	Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREE	T ADDRESS	
CITY-ST-ZIP				4.4 CITY -	ST-ZIP	
TITLE		L	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREE	T ADDRESS	
CITY-ST-ZIP			1 a s. s s	5.4 CITY-	ST-ZIP	
TITLE	<u>.</u>	Ł	DELETÉ	6.1 TITLE		Change  Addition
NAME	;			6.2 NAME		
STREET ADDRESS				6.3 STREE	T ADORESS	
CITY-ST-ZIP				6.4 CITY-		Lin Continu 110 07(2)(i) Elevida Statutos I further continuthat the information

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the informatio 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.

TUDE CAN P. GAMA

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