PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name CHARLES BARNES DRYWALL, INC.										
Principal P	lace of Business	ng Address								
7513 ARMSTRONG ROAD ORLANDO FL 32810			7513 ARMSTRONG ROAD ORLANDO FL 32810				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 01/05/1997			
Principal Place of Business 21			2a. Mailing Address				4. FEI Number 90-9095001			
Suite, A	pt. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & S		28	City & State		≆ ≈		6. Election Campaign Financing			
Zip	Country 25	29	Zip 3	Cour	ntry		8. This corporation owes the current year Intangible Personal Property Tax.			
	g. Name and Address of Cu	rrent Regis	tered Agent				10, Name and Address of New Registered Agent			
	OOD THEODODE D				81	Name				
WOOD, THEODORE P 7513 ARMSTRONG ROAD					82	Street /	ress (P.O. Box Number is Not Acceptable)			
1	RLANDO FL 32810			}	83					
•					84		FL 85			
) office	ant to the provisions of Sections 607 or registered agent, or both, in the S I am familiar with, and accept the o	tate of Flore	ia. Such change was aut	horizea	Dy 1	the corpo	corporation submits this statement for the purpose of changing pration's board of directors. I hereby accept the appointment			
SIGNATU	Signature, typed or printed name of registere	d agent and title	if applicable. (NOTE: R	tegistered A	Agent	signature re	equired when reinstating) DATE			
12.		S AND DIRE		13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRE			
TITLE	D		☐ DELETE	1.1 TIT	LE		□ Ch			
I	DADNEC THIRDWAN C			12 NA	ME					

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90076 028 ***150.00

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Applied For Not Applicable \$8.75 Additional

Fee Required \$5:00-May Be= Added to Fees

Zip	Country	Zip	Country	•	8. This corporation owes the current ye		_
4	25	29 30			Personal Property Tax.		⊠No ,
	g. Name and Address of Current I	Registered Agent			10. Name and Address of New Regis	tered Agent	
			81	Name			
	DD, THEODORE P	•	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
7513 ARMSTRONG ROAD				Oli Oct / Iddis			
ORL	ANDO FL 32810		83		,		
			<u>.</u>	0.1		85 Zip C	·odo
			84	City		FL 85 Zip C	,000
office or r agent. I a	to the provisions of Sections 607.0502 : registered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such change was	authorized by	the corporatio	oration submits this statement for the purp in's board of directors. I hereby accept the	ose of changing its appointment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Age	nt signature required	I when reinstating)	ATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	BARNES, THURMAN C		1.2 NAME				
STREET ADORESS	7513 ARMSTRONG ROAD		1.3 STREE	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32810		1.4 CITY-S	T-ZIP			
TITLE		DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP			
ITTLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	l			ئ ىسىنىدىنىنىنى نى
STREET ADDRESS			3.3 STREE	TADDRESS		.•—	
CITY-ST-ZIP			3.4. CITY- :	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME.			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAMÉ			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			•
CITY-ST-ZIP			5.4 CITY- 9	T-ZIP			
TITLE		☐ DELETÉ	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
			6.4 CITY-5	IT-ZIP			
CITY-ST-ZIP					440.07(0)(0.51.11.01.11.11.11.11.11.11.11.11.11.11.11	and and if the state of	

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: