


FILED

May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>P97000003448</u> ✓ 1. Corporation Name SARASOTA DRYWALL SERVICE, INC.		



Principal Place of Business P.O. Box 531 TALLEHAST FL 342	Mailing Address P.O. Box 531 TALLEHAST FL 342
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 2-25-97	4. FEI Number 65-0722579 ✓	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	27. City & State	28. City & State	29. Zip	30. Country
22. City & State	27. City & State	28. City & State	29. Zip	30. Country	31. Country
23. Zip	24. Country	25. Zip	26. Country	27. Zip	28. Country
24. Zip	25. Country	26. Zip	27. Country	28. Zip	29. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAVID E. BALCOM 4418 RUM CAY CIR. SARASOTA FL 34233		DAVID E. BALCOM 4418 RUM CAY CIR. SARASOTA FL 34233	

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

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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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:

David E. Balcom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David E. Balcom

4-25-99

Date

Daytime Phone #

CR2E034 (1/98)