

FILED  
Jun 26 1998 8:00am  
Secretary of State

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

Principal Part of Balance:

1.  $\Delta_{\text{sub}} = 1$ ;  $\Delta_{\text{sub}} = 1$ .

DO NOT WRITE IN THIS SPACE

|               |                |
|---------------|----------------|
| 4. FID Number | Applied For    |
| 59-3431639    | 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

## 2. Principal Place of Business.

21 1034 LONGBRANCH LANE  
Suite, Apt #, etc

22 \_\_\_\_\_  
City & State \_\_\_\_\_

|     |                 |
|-----|-----------------|
| 23  | OVIEDO, FLORIDA |
| Zip | County          |

24 32765 25 U.S.

**2a. Making Arrangements**

26 | P.O. BOX 621686  
 Suite, Apt # etc.

27 | City &amp; State

28 OVIEDO, FLORIDA

|                 |         |
|-----------------|---------|
| Zip             | Country |
| 29 32762-168630 | U.S.    |

**9. Name and Address of Current Registered Agent**

EROL L. POMMELLS  
1034 LONBRANCH LANE  
OVIEDO, FLORIDA 32765

81 | Name:

82 Street Address: (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.013(1) and 607.013(4) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. (Annexes A, B, and C) (The entire form of Section 607.013(4), Florida Statutes)

SIGNATURE

12.  $\{0\} \cup \mathbb{R} \cup \{\infty\}$ ,  $f: \mathbb{R} \rightarrow [\frac{1}{2}, 1] \cup \{0\}$

|                |  |
|----------------|--|
| NAME           |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-STATE-ZIP |  |

|                |                               |
|----------------|-------------------------------|
| TITLE          | <input type="checkbox"/> EDIT |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-STATE     |                               |

|                    |                                   |
|--------------------|-----------------------------------|
| TITLE              | <input type="checkbox"/> DIRECTOR |
| NAME               |                                   |
| STREET ADDRESS     |                                   |
| CITY - STATE - ZIP |                                   |

|                |      |
|----------------|------|
| NAME           | DATE |
| NAME           |      |
| STREET ADDRESS |      |
| CITY - STATE   |      |

|                |                                |
|----------------|--------------------------------|
| TITLE          | <input type="checkbox"/> TITLE |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY, ST, ZIP  |                                |

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DIRECT |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, STATE    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

NAME P ☐ Charge ☒ Addressee  
 COUNTRY EROL L. POMMELLS  
 STREET ADDRESS 1034 LONGBRANCH LANE  
 CITY, STATE, ZIP OVIEDO, FL 32765

2-1111 V ☐ Change ☒ Address  
2-NAME EVERTON POMMELLS  
2-3 FULL ADDRESS 1034 LONGBRANCH LANE  
2-4 CITY, ST, ZIP OVIEDO, FL 32765

NAME  
FLOYD POMMELLS  
ADDRESS  
1034 LONGBRANCH LANE  
CITY  
OVIEDO, FLORIDA 32765

4.1111  
4.2111  
4.3111  
4.4111

5-1111 ☐ Chap ☐ Adm

5-1113

5-1114 1 Adm

5-1115 51 20

25  
6:26

14. I hereby certify that the information supplied in this Declaration is fully and truthfully in accordance with the description stated in Section 119.02(3)(c) Florida Statutes. I further certify that the information contained in this Declaration is true and correct to the best of my knowledge and belief. That my signature shall have the same legal effect as if I were under oath that I am offering the direct or indirect support of the person named in the Declaration to each of the named persons as required by Chapter 607, Florida Statutes, and that my name appears in the Florida Free Block that is part of the financial record of the child.

SIGNATURE: Eral Pommell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/98 (407) 592-3789

CH2E034 (10/97)

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**COMPREHENSIVE®  
BUSINESS SERVICES**

DEBORAH TURNER

ACCOUNTING

BOOKKEEPING

TAX SERVICES

CONSULTATION

435 S R 434 East, Suite 100, Longwood, FL 32750-5219

FAX (407) 339-6181

Phone (407) 339-4433

June 9, 1998

Department of State  
Annual Reports Filings  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

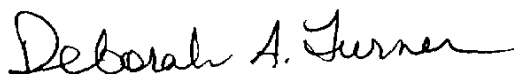
Reference: Pommells' Drywall Systems, Inc.  
EIN# 59-3431639

This letter is being forwarded on behalf of Erol Pommells to request exception for late filing of this report. Due to divorce proceedings, Erol has not resided at the address of record since December 1997. As a result, mail has been disposed of instead of being forwarded to him. Subsequently, a post office box has been acquired to prevent this from continuing.

On behalf of Pommells' Drywall Systems, Inc., I requested another report to be mailed for completion. This report and a check for \$150.00 are enclosed.

Your consideration to waive the late filing fee would be greatly appreciated.

Sincerely,



Deborah A. Turner

Enclosures