

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 11 1998 8:00am
Secretary of State

DOCUMENT # P97000020672 (6)

1. Corporation Name
STEPHENS DRYWALL TEXTURES, INC.



Principal Place of Business

5741 PINE STREET
TANGERINE FL 32777

Mailing Address

POST OFFICE BOX 53
TANGERINE FL 32777

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1997

4. FEI Number

59-3433287

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

STEPHENS, TONY W
5741 PINE STREET
TANGERINE FL 32777

10. Name and Address of New Registered Agent

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 607.0502 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

TITLE Pres
NAME Tony W Stephens
STREET ADDRESS P O BOX 53 / 5741 PINE STREET
CITY-ST-ZIP Tangerine FL 32777

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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30.1 TITLE
30.2 NAME
30.3 STREET ADDRESS
30.4 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)(l), 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.

SIGNATURE:

900002638829
-09/14/98--01134--024
***150.00

CR2E034 (5/98)

Division Of Corporations
Annual Reports Filing
P O BOX 1500
Tallahassee FL 32302-1500

8-10-98

P82

RE: P97000020672 STEPHENS DRYWALL TEXTURES INC

Please be informed that This is the first request i have gotten for this annual report, because of this, Hopefully you will accept the \$150.00 thank you.

Sincerely

Tom F. Stehle