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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700060189

1. Corporation Name

STEVEN CASEY DRYWALL, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90030 008 ***150.00



Principal Place	of Business	Mailing Address	-				
11731 SMITH BOULEVARD 11731 SMITH BOULEVARD							
HUDSON FL 34667 HUDSON FL 34667				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					07/02/1997		
2. Principal Place of Business 23. Mailing Address					4. FEI Number		Applied For
21				ر يثية	59-3459702	N	Not Applicable
Suite, Apt. i		buite, Apt. #, etc.			5. Certificate of Status Desired	1 1	Additional
22		27			5. Certificate of Status Desired	Fee F	Required
City & State	e ·	City & State	City & State		6. Election Campaign Financing		May Be
23 28 28			<u>~</u>		Trust Fund Contribution	Added	to Fees
Zip			Country	!	8. This corporation owes the curre		G
24	25	29	30		Personal Property Tax.	Yes	No
	9. Name and Address of Cur	rent Registered Agent	-	Lu	10. Name and Address of New R	egistered Agent	
CAC	EV OTEVEN		81	Name			
CASEY, STEVEN			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
11731 SMITH BOULEVARD			ļ	<u> </u>	:		
HUU	SON FL 34667		83		-		
	·		84	City		85 Zip	Code
				'			
office or re	enistered agent or both in the Sta	0502 and 607.1508, Florida Statutes, ate of Florida. Such change was auth ligations of, Section 607.0505, Florida	orized by	the corporati	poration submits this statement for the ion's board of directors. I hereby accept	t the appointment as r	registered registered
	_ 1		Q AS		20000	Post 11.1999	,
SIGNATURE	Steven Casey Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Re	gistered Age	nt signature requir	ed when reins (1995)	DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	e
NAME	Casey, Steven		1.2 NAME				
STREET ADDRESS	11731 SMITH BLVD		1.3 STREE	TADORESS			l l
CITY-ST-ZIP	HUDSON FL 34667		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE	1		Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			}
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETÉ	3.1 TITLE			Change	e ☐ Addition
NAME			3.2 NAME		·		- e ~
STREET ADDRESS	•		3.3 STREE	TADORESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	e 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			\$
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	e 🗀 Addition
NAME	•		5.2 NAME				1
STREET ADDRESS			5.3 STREE	T ADDRESS		•	}
CITY-ST-ZIP	_		5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE .	6.1 TITLE	Ţ		Change	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP