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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #1. Corporation Name P97000068213 (2)

BLEVINS DRYWALL INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Place o	f Business	Mailing Address				1 18811081 114	- C COMPLIAND SEAR CONTINUES OF DESIGNATION OF THE STATE				
10070 86TH WAY N.			10070 86TH WAY N.								
LARGO FL 33773			LARGO FL 33773				-				
								DO NOT WRITE IN THIS SPACE			
								rated or Qualified			
* District District				Tr			08/06/199	97			
2. Principal Place of Business			2a. Mailing Address				4, FEI Number	111 11 00		oplied For	
21 Cuito Apl # ata			26 Suite Apt # ete				1 37-3	461690	····	ot Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of	Status Desired	+	Additional	
City & State				City & State						equired	
								6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees			
Zip		Country	[28] Zip		Coun	try	+-				
24	25	NOOT IN Y	29	'	30	u y		tion owes or has paid the perty Tax due June 30.		Tangible No	
		Address of Curren		d Agent	301			ddress of New Register			
BLEVINS, BRUCE R 81 Name 82 Name											
10070	INS, DRUCE I B8TH WAY I	7 M					Kruce F	1. Slevih	5		
			{	32 Street /	Address (P.O. Box Numl	per is Not Acceptable)		}			
* LARGO FL 33773						33	~ ~ ~ ~	હેઇ ા			
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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.											
agent. I am f	familiar with, an	d accept the obliga	tions of, Sec	c j ion 6 07.0505, Flo	orida Statu	tes.		, ,	••	Ĭ	
SIGNATURE Signature, fixed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinslating) DATE											
						Agent signature	· · · · · · · · · · · · · · · · · · ·	DAT		201110	
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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.

7-27-98 813-804-8595