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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PO700071804

 Corporation 	S DRYWALL, INC.	071604						
Principal Place	of Business	Mailing Address				1 10001 11001 10111	18171 9181 1001	
8100 PARL BLVI	D	8100 PARK BLVD]			
48 49					DO NOT M/DITE IN THE	C CDACE		
PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
03	•	00			08/18/1997		}	
9 Bringing Di	non of Rusiness	2a. Mailing Address			4, FEI Number	T Ap	plied For	
·	Principal Place of Business 2a. Mailing Address 26				59-3466982	<u> </u>	t Applicable	
Suite, Apt. :	# etc.	Suite, Apt. #, etc.		1 <u>0</u> 12		\$8.75 A		
22	.,, o	27	<u></u> -		5. Certificate of Status Desired	Fee Re	quired	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be	
23 28					Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year to	ntangible	_	
24	25 29		1		Personal Property Tax.			
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Registere	d Agent		
DOLIAN BOILCE				81 Name			1	
BOHAN, BRUCE 6939 80TH TERRACE N.			Ī	82 Street Addre	ess (P.O. Box Number is Not Acceptable)			
PINELLAS PARK FL 33781								
FINE	LLAS FARR I E 35701			83			1	
	•		ļ.	84 City		85 Zip (Code	
					F		registered	
office or r	ogietorod agent or both in the State o	f Florida. Such change was auff	nonzed	by the comporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered A	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statul	tes.	Dag : 0 = 0 + 3-	200	<u></u>	
SIGNATURE	CHUI GUI TOTA	DID TAITING	S	agent signature required	when reinstating) DATE	$\alpha \sigma \gamma$		
12,	Signature, typed or printed name of egistered agent OFFICERS AND		13.	gent signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	D.	DELETE	1.1 TITL	E T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	☐ Addition	
NAME	BOHAN, BRUCE		1.2 NAN	Æ !			Į	
STREET ADDRESS	6939 80TH TERRACE N.		1.3 STR	EETADDRESS				
CITY-ST-ZIP	DIAMETER AS DADIC 51 00704			Y-ST-ZIP				
TITLE			2.1 TITI			☐ Change	☐ Addition	
NAME	BOHAN, DANTYS		2.2 NAN	/E			- 1	
STREET ADDRESS	6939 80TH TERRACE N.		2.3 STR	REET ADDRESS			ŀ	
CITY ST-ZIP	PINELLAS PARK FL 33781	ومله والمحاط فالمحاد الأربيط والمحاد	2.4 CIT	Y-ST-ZIP	and the same of th		··	
TITLE		☐ DELETE	3.1 TITL	E		Change	☐ Addition	
NAME			3.2 NAA	AE .	• •			
STREET ADDRESS			3.3 STF	REET ADDRESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TITI	E		Change	Addition	
NAME			4. 2 NA	ME	•			
STREET ADORESS			4.3 STF	REET ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TITU	1	·	☐ Change	☐ Addition	
NAME	-		5.2 NAA	1	• •			
STREET ADDRESS			1	REET ADDRESS		٠.		
CITY-ST-ZIP				Y-ST-ZIP			نائدد ۷ سا	
TITLE !		☐ DELETE	6.1 TITL			Change	Addition	
NAME			6.2 NAM					
CEDEET ADDRESS			■ 6.3 STF	REET ADDRÉSS				

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.

6.4 CITY-ST-ZIP

STREET ADDRESS