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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073884 (3)

FILED

Secretary of State

HERCU	JL ES DRYWALL, INC.	• •			
Principal Place of Business Mailing Addr			ress		£ (00)1997 the 1911 10011 80111 00111 00111 10011 10010 (1101 1010)
	ES HOLLOW WAY NORTH	4915 NATURES HOLLOV JACKSONVILLE FL 3221		Н	
JACKSONVILI	LE PL 32217	JACAGONVILLE PL JEZI	SHOROUMVILLE PL 32217		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					08/26/1997
	lace of Business	2a. Mailing Address			4) FEL Number Applied For 59-3486741
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 additional
22		27	27		5. Certificate of Status Desired Fee Required
Uity & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zip 24	Country	Zip	Country 30	<i>,</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	25 9. Name and Address of Curre	29 ent Registered Agent	[30]		10. Name and Address of New Registered Agent
AD	AMS, MICHEALYN C		81	Name	,
	25 13TH AVENUE NORTH		82	Street	t Address (P.O. Box Number is Not Acceptable)
JA	CKSONVILLE FL 32217		L		Tradition (1.5. 25) William to Very 1555 plants
			83		· · · · · · · · · · · · · · · · · · ·
			84	City	85 Zip Code
		00 and 007 1500. Florida Clatic	los the show	o named	FL 63 2.10 0000
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	te of Florida, Such change was	es, the above authorized b	e-named y the corp	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, FI	orida Statute	8.	
SIGNATURE	Signature, typed or printed name of registered a	great and tille if applicable. [NO]	IE Registered Ag	ent signature	re required when reinstating) DATE
12.		ND DIRECTORS	13.		PRESIDENCE HANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TITLE		RAFAEL G. RUSAS Change MAddition
NAME			1.2 NAME	1	4915 NATURES HOLLOW WAY NORK
STREET ADDRESS				T ADDRESS	RAFAEL G. RUSAS Change MAddition 4915 NATURES Hollow Way, Nork JACKSONVILLE, FL 32217
CITY-ST-ZIP		DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP	Change Addition
TITLE NAME		€ DEFEIE	2.1 IIILE 2.2 NAME		C Ontarigo C Automoti
STREET ADDRESS			i i	T ADDRESS	
CITY-ST-ZIP			2. 4 CITY -	ł	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY~	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			1	T ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	31- ZIF	Change Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	:
CITY-ST-ZIP			5.4 CiTY-	ST - ZIP	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREE	T ADDRESS	
CITY-ST-ZIP		and the tree at the second	6.4 C/1Y-		tool in Costing 110 07/2V/) Elevido Statutos 1 tiuthor cortifu that the information
14. I hereby o	certify that the information supplied	with this filing does not qualify f	or the exemp	otion state	ited in Section 119.07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an

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.

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CR2E034 (10/9