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

## Sep 17 1998 8:00am Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS

**FILED** 

City & State City & State 6. Election Campaign Financing \$5.00 May Be	DOCUMENT # P9700076144 (9) SPECIALTIES CEILINGS, INC.					
Sobsection Roads   1906 BETTS ROAD   1906 BETT						•
Sobsection Roads   1906 BETTS ROAD   1906 BETT					) ( <b>6 1) (6 1)</b> (10 1) <b>(6 1)</b> (10 1) <b>(6 1)</b> (10 1) (10 1) (10 1)	
FOUNTAIN FI. 32438  1306 BETTS ROAD FOUNTAIN FI. 32438  2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified Coption Place of Business 2. Mailing Address 3. Suite, April #, etc. 3. Suite, April #, etc. 3. Suite, April #, etc. 4. \$325-3347-0580  3. Suite, April #, etc. 3. Certificate of Status Desired 4. \$425-3347-0580  3. Country Suite, April #, etc. 3. Country Suite, April #, etc. 4. \$425-3347-0580  3. Suite, April #, etc. 4. \$425-3347-0580  3. Country Suite, April #, etc. 4. \$425-3348-0580  3. Country Suite, April #, etc. 4. \$425-3348-0580  3. Country Suite, April #, etc. 4. \$425-3348-0580  4. \$425-3348-0580	Principal Plan	o of Business	Malling Address			
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2. Principle Place of Business   2. Mailing Address						
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Suite. Apt #, etc.  23   27   27   27   27   27   27   27	· ·	1808 Of Business	<del>                                     </del>		7 59 <b>2347</b> 0580	
City & State   City		#, etc.				
City & State    City & State   City & City & State   City & City & State   City & Cit	22		27		5. Certificate of Status Desired	
Zip Country Zip Country Zip Country	City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be
24	23			·		
BARNES, DEAN H 13506 BETTS ROAD FOUNTAIN FL 32438  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  64 City FL 85 Zip Code  65 City FL 86 Street Address (P.O. Box Number is Not Acceptable)  65 City FL 86 City FL 87 Signature from the purpose of changing its registered agent. are familiar with, and accept the obligations of, section 607 0505, Priorities Statutes.  85 SIGNATURE  96 City FL 96 Signature from the purpose of changing its registered agent. are familiar with, and accept the obligations of, section 607 0505, Priorities Statutes.  86 City FL 96 Signature from the purpose of changing its registered agent. are familiar with, and accept the obligations of, section 607 0505, Priorities Statutes.  87 SIGNATURE  97 OFFICERS AND DIRECTORS 98 STREET ADDRESS TO OFFICERS AND DIRECTORS 98 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12 TITLE 90 STREET ADDRESS TO OFFICERS AND DIRECTORS TO OFFICERS AND DI	— `	<u>├──</u> ┐	<u></u> ⊢¬ '			
BARNES, DEAN H 13506 BETTS ROAD FOUNTAIN FL 32438    B1	[24]			[30]		
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 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, 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, 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 appointment as registered agent appointment as registered agent appointment as registered agent. I hereby accept the appointment as registered agent appointment as registered agent. I hereby accept the appointment as registered agent appointment as registered agent. I hereby accept the appointment as registered agent. I hereby accept t	RADI			81 Name	THE PARTY OF THE PROPERTY OF T	
FOUNTAIN FL 32438    83	DANNES, DEAN IT				rose (P.O. Boy Number in Not Assentable)	
Sacross   Sacr				511991 Addi	ress (F.O. Box Number 18 Not Acceptable)	
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 agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent, a lam familiar with, and accept the obligations of, section 607.6505, Florida Statutes.  SIGNATURE  Signature.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DARNES, DEAN H  1.2 PANAME  STREET ADDRESS  CITY-ST-2/P  TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE  4.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  4.1 TITLE  DELETE  5.1 TITLE  DELETE  4.1 TITLE  DELETE  5.1 TITLE  DELETE  4.1 TITLE  DELETE  5.1 TITLE  DELETE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  GITY-ST-2/P  TITLE  DELETE  5.2 NAME  5.3 STREET ADDRESS  GITY-ST-2/P  TITLE  DELETE  5.1 TITLE  DELETE  5.2 NAME  5.2 NAME  5.2 NAME  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  GITY-ST-2/P  5.4 CITY-ST-2/P  5.5 CITY-ST-2/P  5.5 CITY-ST-2/P  5.5 CITY-ST-2/P  5.5 CITY-ST-2/P  5.5 CITY-ST-2/P  5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		83		
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 agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent, a lam familiar with, and accept the obligations of, section 607.6505, Florida Statutes.  SIGNATURE  Signature.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DARNES, DEAN H  1.2 PANAME  STREET ADDRESS  CITY-ST-2/P  TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE  4.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  4.1 TITLE  DELETE  5.1 TITLE  DELETE  4.1 TITLE  DELETE  5.1 TITLE  DELETE  4.1 TITLE  DELETE  5.1 TITLE  DELETE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  GITY-ST-2/P  TITLE  DELETE  5.2 NAME  5.3 STREET ADDRESS  GITY-ST-2/P  TITLE  DELETE  5.1 TITLE  DELETE  5.2 NAME  5.2 NAME  5.2 NAME  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  GITY-ST-2/P  5.4 CITY-ST-2/P  5.5 CITY-ST-2/P  5.5 CITY-ST-2/P  5.5 CITY-ST-2/P  5.5 CITY-ST-2/P  5.5 CITY-ST-2/P  5	ł			84 City		- 85 Zin Code
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 an agent. I am familiar with ebiligations of, section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DARRES, DEAN H P.O. BOX 293 HA FOUNTAIN FL 32438  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DELETE  1.1TITLE  DELETE  2.1TITLE  DELETE  2.1TITLE  DELETE  2.2 STREET ADDRESS  CITY-ST-ZIP  DELETE  2.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  3.3 TITLE  DELETE  3.4 CITY-ST-ZIP  TITLE  DELETE  3.5 TITLE  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DELETE  3.5 TITLE  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS/CHANGES TO OFFI						<u>L</u>
SIGNATURE  Signature typed or printed name of registered agent and title of applicable (NOTE: Registered Agent algorithre required when rehability)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  NAME  BARNES, DEAN H  P.O. BOX 293 4644  P.O. BOX 293 4644  POUNTAIN FL 32438	11. Pursuant	to the provisions of sections 607.050	2 and 607.1508, Florida Statute of Florida, Such change was	tes, the above-named corporation	oration submits this statement for the purpose o	f changing its registered
Signature, typed or phristent amount of reprisement and time of applications (NOTE Registered Agent signature required when in anathring)   DATE	agent. I s	am familiar with, and accept the oblig	ations of, section 607.0505, F	forida Statutes.	birs board or directors. Thereby accept the ap	politiment as registered
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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.

SIGNATURE HEAR SHE WALLED RI QUIRI D