## 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 # P97000091830

1. Corporation Name

GYPSUM DRYWALL SERVICES, INC.

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90022 048 \*\*\*150.00

Principal Flace	e of Business	Mailing Address			\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\					
P. O. BOX 1820 CASSELBERRY		P. O. BOX 182084 CASSELBERRY FL 32718-2084		DO NOT WRITE IN THIS SPACE						
					3. Date In	corporated or Qualifed			_	
2. Principal Pl	eace of Business  E. Wilber & M	2a. Mailing Address 26 PO Box	750	134	4. FEI No.	mber		<u> </u>	olied For Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certifca	te of Status Desired		\$8.75 A		
City & State  23 LOLL MARY FL		City & State  28 Linke Mary		FL	6. Electic Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
Zip 24 ろどり	Country 25	29 32795-0134		U S A	Person	poration owes the currel al Property Tax. and Address of New F		Yes	□No	
	9. Name and Address of Current	Registered Agent		81 Name _	10. Name	Address of New F	tegisteitiu .	Agent		1
1250	IAIR, CRAIG D I S. US HWY. 17-92, SUITE 250 GWOOD FL 32750			Te,	RR 1 ress (P.O. Box (E. U.)	tendersor Number is Not Accepte Lbur Bre				
				84 City	ce m	ny	FL	85 Zip C	ode L	
office or F	to the provisions of Sections 607.0502 egistered agent, or both; in the State of m familiar with, and accept the obligat	t Florida "Such change was at	ITRANTZEC	TOV THE COMOUNT	poration submit ion's board of d	s this statement for the irectors. I hereby accep	purpose of of the appoin	changing its nament as rec	egistered istered	
SIGNATURE		asamotes.	C 8 70	_		4	al.	99		ļ
	Signature, typed or printed name of registered agen			Agent signature require		NS/CHANGES TO OF	DATE NA	ID DIDECTOR	2S IN 12	1 8
12.	OFFICERS ANI	DIRECTORS DELETE	13. 1.1 Ti	ne T	ADDITIC.	NS/CHANGES TO UP	FICERS 4N	☐ Change	Addition	1 3
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NAME	HENDERSON, TERRI	ITE 110	12 N	İ						6
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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 attact ment with an address, with all other like empowered.

SIGNATURE: 🔀

ND TYPED OR PRINTED NAME OF SIGNING OFFICE TOR