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 # P97000091835 (3)

1. Corporation Name JEWELL DRYWALL, INC. Principal Place of Business 4090 HODGES BLVD #1806 JACKSONVILLE FL 32224 Mailing Address 4090 HODGES BLVD #1806 JACKSONVILLE FL 32224			-		DO NOT WRITE IN THIS SPACE	OT WRITE IN THIS SPACE	
					 Date incorporated or Qualified 10/23/1997 		
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26			4. FEI Number 3477955	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	.75 Additional ee Required	
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25 9. Name and Address of Curr	Z(p 29	30 Co	untry	This corporation owes or has paid the current yes Personal Property Tax due June 30. Yes Name and Address of New Registered Agent		
#1 JA	90 HODGES BLVD 1808 CKSONVILLE FL 32224	502 and 607 1508 Florida	Statutes the a	83 84 City	ress (P.O. Box Number is Not Acceptable) FL 85	Zip Code	
SIGNATURE	_				poration submits this statement for the purpose of chang tion's board of directors. I hereby accept the appointme	ent as registered	
12.	Signature, typod or printed name of registered	agent and title if applicable	[NOTE: Registere	d Agent signature requ	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTODS IN 12	
TITLE	DPST	DELET		ITLE	ADDITIONS/CHAINGES TO OFFICERS AND DIRE		
NAME	JEWELL, JOHN L		1,2 N	AME			
STREET ADDRESS 4090 HODGES BLVD., #1808			1.3 \$	TREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224			ITY-ST-ZIP			
TITLE		☐ DELET	1		□ cr	nange	
NAME			2.2 N				
STREET ADDRESS				TREET ADORESS			
CITY-ST-ZIP		[DELET		CITY-ST-Z#P	[] Ch	ange Addition	
NAME I		_ otte	3.11		United States	mingo === 100(((0))	
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ DELET			Ch	ange Addition	
NAME			4.21	IAME			
STREET ADDRESS			4.3 S	TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE		☐ DELET	E 5.1 T	TLE	☐ Ch	ange Addition	
			I				

14. Thereby 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change Addition

FILED

Apr 15 1998 8:00am

Secretary of State