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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000095430

1. Corporation Name

F.G. DRYWALL CONSTRUCTION, INC.



Principal Place of Business

540 PRINCES EDWARD AVE. CLERMONT FL 34711 US

Mailing Address

540 PRINCES EDWARD AVE. CLERMONT FL 34711 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1997

4. FEI Number

59-3480428

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

21 53 Bluff Lake Rd Suite, Apt. #, etc.

22 2

City & State

23 Mascotte Fl 34753

Zip Country

24

25

2a. Mailing Address

26 P O Box 1106 Suite, Apt. #, etc.

27

City & State

28 Mascotte Fl 34753

Zip Country

29

30

9. Name and Address of Current Registered Agent

JORDAN, EDWARD P II 13543 EAST HWY. 50 CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name

Jordan, Edward P II

82 Street Address (P.O. Box Number is Not Acceptable)

13543 East Hwy. 50

83

Clermont Fl 34711

84 City

FL

85 Zip Code

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Edward Jordan

Attorney

5/5/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETED NAME GUADAMUZ, FRANCISCO STREET ADDRESS 540 PRINCES EDWARD AVE. CITY-ST-ZIP CLERMONT FL 34711

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

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TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition NAME Guadamuz, Francisco STREET ADDRESS 53 Bluff Lake Rd CITY-ST-ZIP Mascotte Fl 34753

2.1 TITLE S Change Addition NAME Guadamuz Ines STREET ADDRESS 53 Bluff Lake Rd CITY-ST-ZIP Mascotte Fl 34753

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

5-5-99 (352) 429223

CR2E034 (11/98)