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May 17, 1999 8:00 am
Secretary of State

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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)