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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000

1. Corporation Name

ATLANTIS DRYWALL, INC.

Principal Place of Business

152 BAYWOOD AVE
LONGWOOD, FL 32750

Mailing Address

152 BAYWOOD AVE
LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01-09-98

2. Principal Place of Business

21 152 BAYWOOD AVE

2a. Mailing Address

26 152 BAYWOOD AVE

Suite, Apt. #, etc.

22 LONGWOOD, FL

Suite, Apt. #, etc.

27 LONGWOOD, FL

City & State

23

City & State

28

Zip

24 32750

Country

25 SEMINOLE

Zip

29 32750

Country

30 SEMINOLE

4. FEI Number

650804892

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

DAVID THIBAUT

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

2722 DEEP CREEK AVE

83

84 City

DELTONA, FL

FL

85 Zip Code

32725

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

David Thibault

DAVID THIBAUT

02-10-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME MICHEL P ROY
STREET ADDRESS
CITY-ST-ZIP

XXDELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DAVID THIBAUT

2722 DEEP CREEK AVE

DELTONA, FL 32725

Change Addition

TITLE
NAME MURIEL LEMIEUX
STREET ADDRESS
CITY-ST-ZIP

XXDELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

David Thibault

DAVID THIBAUT

02-10-99 407-834-2611

Date

Daytime Phone #

CR2E034 (1/1/98)