

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90190 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000025955 1. Corporation Name DON SPITTLER DRYWALL, INC.					
Principal Place of Business 949 HOOD AVE PORT CHARLOTTE FL 33948		Mailing Address 949 HOOD AVE PORT CHARLOTTE FL 33948			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/19/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3503603	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
8. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SPITTLER, DONALD T JR. 949 HOOD AVE PORT CHARLOTTE FL 33948			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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: <u>[Signature]</u> DATE: 4/26/99 Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	SPITTLER, DONALD T JR.		1.2 NAME		
STREET ADDRESS	949 HOOD AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	KARTER SPITTLER, DOROTHY		2.2 NAME		
STREET ADDRESS	949 HOOD AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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

4/26/99 941-764-1569
Date Daytime Phone

CR2E034 (1/198)