## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90159 029 \*\*\*150.00

## DOCUMENT # P98000034199

1. Corporation Name

24

PRECISE DRYWALL					
Principal Place of Business		N	lailing Address		
3790 11TH AVENUE. S.W. NAPLES FL 34117		3790 11TH AVENUE. S NAPLES FL 34117			
2. Principal Place of Busines	S	2 <i>a</i>	. Mailing Address		
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.		
22		27	011 0 01 1		
City & State		28	City & State		
Zip	Country		Zip		

25

SHORT, ANTOINETTE

3790 11TH AVENUE, S.W.

W

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9. Name and Address of Current Registered Agent

|--|--|--|--|

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

□No

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

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

*65059906*8

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

04/15/1998 4. FEI Number

NAPLES FL 34117									
		84	1	FL		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE									
12.	OFFICERS AND DIRECTORS 1:	3.		ADDITIONS/CHANGES TO OFFICERS AND					
TITLE	D DELETE 1.1	TITLE			Change	☐ Addition			
NAME	SHORT, JOSEPH JR. 12	NAME							
STREET ADDRESS	3790 11TH AVENUE, S.W. 13	STREE	TADORES	à					
CITY-ST-ZIP	NAPLES FL 34117 14	CITY-S	T-ZIP						
TITLE	☐ DELETE 2.1	TITLE		f	Change	☐ Addition }			
NAME.	2.2	NAME							
STREET ADDRESS	23	STREE	T ADDRESS	s		1			
CITY-ST-ZIP	2.	CITY-S	ST-ZIP						
TITLE	☐ DELETE 3.1	TITLE			Change	☐ Addition			
NAME	3.2	NAME							
STREET ADDRESS	3.3	STREE	T ADDRESS	s		1			
CITY-ST-ZIP	3.4	. CITY-S	T-ZIP						
TITLE	DELETE 4.1	TITLE			Change	☐ Addition			
NAME	4.:	NAME				}			
STREET ADDRESS	4.3	STREE	T ADORES	s					
CiTY-ST-ZIP	4.4	CITY-S	T-ZIP						
TITLE	☐ DELETE 5.1	TITLE			Change	☐ Addition			
NAME	52	NAME							
STREET ADDRESS	5.3	STREE	TADDRES	S		Ì			
CITY-ST-ZIP	5.4	CITY-S	T-ZIP						
TITLE	DELETE 6.1	TITLE			☐ Change	☐ Addition			
NAME	6.2	NAME							
STREET ADDRESS	6.3	STREE	T ADDRES	s					
CITY-ST-ZIP		CITY-S							
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									

Country

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indicated on this annual report or supplied with this simple does not quality for the exemption stated in Section 19.07(5)(f), include Statutes. In 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:

08-15hort Tr. 1-21-98 (941) 348-2404