

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90101 002 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P98000075556

1. Corporation Name
ALLIED DRYWALL, INC.

| | |
|---|---|
| Principal Place of Business 2470 LAKERIDGE DRIVE PALM CITY FL 34990 | Mailing Address 2470 LAKERIDGE DRIVE PALM CITY FL 34990 |
|---|---|



| | |
|---|--|
| 2. Principal Place of Business 21 1426D Skees Road Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, Fl. Zip Country 24 33411 25 Palm Beach | 2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 |
|---|--|

| | | |
|---|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 08/27/1998 | 4. FEI Number 52-2128259 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

TREAT, JOHN B
2470 LAKERIDGE DRIVE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

| | | | | |
|---------|---|----|---------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | | | FL | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------------|
| TITLE | PE <input type="checkbox"/> DELETE |
| NAME | TREAT, JOHN B |
| STREET ADDRESS | 2470 LAKERIDGE DRIVE |
| CITY-ST-ZIP | PALM CITY FL 34990 |
| TITLE | VPD <input type="checkbox"/> DELETE |
| NAME | GEHRON, EDWARD R |
| STREET ADDRESS | 7847 TAM O'SHANTER BOULEVARD |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 |
| TITLE | ST <input type="checkbox"/> DELETE |
| NAME | TREAT, CECELIA L |
| STREET ADDRESS | 2470 LAKERIDGE DRIVE |
| CITY-ST-ZIP | PALM CITY FL 34990 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Gehron, Edward R |
| 2.3 STREET ADDRESS | 6337 Jackson Lane |
| 2.4 CITY-ST-ZIP | Boyton Beach, Fl. 33437 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: Resistant **REQUIRED** *4/27/99* *561-336-8206* *561-471-9900*

CR2E034 (11/98)