

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

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

03-03-1999 90011 001 ***150.00

DOCUMENT # S26306

1. Corporation Name
W.M. DRYWALL INC.

Principal Place of Business

8503 NW 57TH PLACE
APT 101G
TAMARAC FL 33321
US

Mailing Address

8503 NW 57TH PLACE
APT 101G
TAMARAC FL 33321
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1991

4. FEI Number

65-0243271

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 3620 TREE LINE WAY

Suite, Apt. #, etc.

22 ST CLOUD, FL

23 34769 25 USA

2a. Mailing Address

26 3620 Tree Line Way

Suite, Apt. #, etc.

27 ST CLOUD, FL

28 34769 30 USA

9. Name and Address of Current Registered Agent

MORIN, WELLY
8503 NW 57TH PLACE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

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

83

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

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 PD
NAME MORIN, WELLY
STREET ADDRESS 8503 NW 57TH PLACE
CITY-ST-ZIP TAMARAC FL

TITLE SD
NAME ROULLIER, DENISE
STREET ADDRESS 8503 NW 57TH PLACE
CITY-ST-ZIP TAMARAC FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MORIN WELLY
1.3 STREET ADDRESS 3620 TREE LINE WAY
1.4 CITY-ST-ZIP ST CLOUD, FL

2.1 TITLE SD
2.2 NAME ROULLIER DENISE
2.3 STREET ADDRESS 3620 TREE LINE WAY
2.4 CITY-ST-ZIP ST CLOUD, FL

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

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

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

6.1 TITLE
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: DENISE ROULLIER
Date: 2-08-99
Daytime Phone #: 407 251-4438

CR2E034 (11/98)