

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90098 024 ***150.00

DOCUMENT # V06831

1. Corporation Name

S.A.M. DRYWALL INC.

Principal Place of Business

4949-19 AVENUE S.W.
NAPLES FL 34116
US

Mailing Address

4949-19 AVENUE S.W.
NAPLES FL 33999



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1992

4. FEI Number

65-0308476

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 5218 Hemingway Circle
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 990562
Suite, Apt. #, etc.

22 2203
City & State

27
City & State

23 Naples FL
Zip Country

28 Naples FL
Zip Country

24 34116 25 USA

29 34116 30 USA

9. Name and Address of Current Registered Agent

LEGAULT, YVES
4949-19TH AVENUE S.W.
NAPLES FL 34116

10. Name and Address of New Registered Agent

81 Name Legault Yves
82 Street Address (P.O. Box Number is Not Acceptable)
5218 Hemingway Circle
83 2203
84 City Naples FL 85 Zip Code 34116

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 PV
NAME LEGAULT, YVES
STREET ADDRESS 4949-19 AVENUE S.W.
CITY-ST-ZIP NAPLES FL 33399 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
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CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Legault Yves
1.3 STREET ADDRESS 5218 Hemingway Circle 2203
1.4 CITY-ST-ZIP Naples FL 34116

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

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

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

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

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Yves Legault 4-12-99 941-566-5960
Date Daytime Phone #

CR2E034 (11/98)