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**

DOCUMENT # V38961

NAME

STREET ADDRESS

CITY-ST-ZIP

PARAGON DRYWALL, INCORPORATED

Principal Place of Business Mailing Address						(1001) 21/200 (110) 10/10 (110) (110) 21/10 (110) 21/10 (110) 21/10 (110) 21/10 (110)
8014 BUCCANEER DR FT MYERS BEACH FL 33931		9014 BUCCANEER DR FT MYERS BEACH FL 33931				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 05/26/1992
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number Applied For
21		26	26			65-0335416 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State	⊢ ′			6. Election Campaign Financing Solution
Ζiρ	Country Zip Co		untry		8. This corporation owes the current year Intangiple	
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
		·		81	Name	•
BRANDAUER, STEPHEN				82	Street A	Address (P.O. Box Number is Not Acceptable)
8014 BUCCANEER DR						
FT M	IYERS BEACH FL 33931			83		
	•			84	City	F1 85 Zip Code
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida St. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Register.) OFFICERS AND DIRECTORS				ed Agen		required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELET	E 1.1	TITLE		☐ Change ☐ Addition
NAME	BRANDAUER, STEPHEN		1.2	NAME		
STREET ADDRESS	8014 BUCCANEER DR				ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL 33931			CITY-ST		
TITLE	D	☐ DELET		TITLE		☐ Change ☐ Addition
NAME	BRANDAUER, TIBOR		2.2	NAME		
STREET ADDRESS	8014 BUCCANEER DR				ADDRESS	·
CITY-ST-ZIP	FT MYERS BEACH FL 33931		1	CITY-S	ì	
TITLE	'	☐ DELET		TITLE		Change Addition
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREET	ADDRESS	
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP	
TITLE		☐ DELET	E 4.1	TITLE		☐ Change ☐ Addition
NAME			4. 2	NAME		,
STREET ADDRESS			4.3	STREET	ADDRESS	
CITY-ST-ZIP			4.4	CITY-ST	-ZIP	
TITLE		☐ DELET	_	TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS			5.3	STREET	ADORESS	s
CITY-ST-ZIP				CITY-ST	-ZIP	
TITLE		☐ DELET	E 6.1	TITLE		☐ Change ☐ Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90001 002 ***150.00