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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V46429**

	DRYWAL	I INC
PAUE		.L. iivu

PACE DE	RYWALL, INC.					
Principal Place	e of Business	Mailing Address			E INDIA MISTAL BARRA BARRA SABAR TABAN	-011 O(817 0104) O1011 O(813 D)D)) o1014 1001
4133 LAWRENCE AVENUE PACE FL 32571 4133 LAWRENCE AVENUE PACE FL 32571			DO NOT WRITE	IN THIS SPACE		
					3. Date Incorporated or Qualifed	
1					06/29/1992	·
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3125291	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27 City 9 State				
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Be Added to Fees
Z ip	Country	[28] Zip	Country		This corporation owes the current	
24	25	_ `	30		Personal Property Tax.	Yes No
24	9. Name and Address of Currer				10. Name and Address of New Reg	jistered Agent
			81	Name		
	NUM, LEON C		82	Street Add	tress (P.O. Box Number is Not Acceptable	a)
	LAWRENCE AVE					
PACI	E FL 32571		83			
			84	City		85 Zip Code
11 Duceupat	to the provisions of Sections 607 050	12 and 607 1508 Florida Statute	s, the above	 e-named cori	poration submits this statement for the pu	rpose of changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au	itnorizea by	the corporat	ion's board of directors. I hereby accept t	ne appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	MOTE:	Penistered Aper	nt signatura requir	red when reinstating)	DATE
12.		ND DIRECTORS	13.	it signature requi	ADDITIONS/CHANGES TO OFFIC	
TITLE	PVT	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	BRANUM, LEON C		1.2 NAME			
STREET ADDRESS	ALON A ANDENOE AVENUE		1.3 STREET	T ADDRESS		
CITY-ST-ZIP	PACE FL		1.4 CITY-S	T-ZiP		
TITLE	-SD	☐ DELETE	- 2.1 TITLE	•	-	☐ Change ☐ Addition
NAME	SIKES, FLETCHER		2.2 NAME			
STREET ADDRESS	5541 SUNKIST CIRCLE		2.3 STREET	TADDRESS		
CITY-ST-ZIP	PACE FL		2 4 CITY-S	ST-ZIP	A.M. 485	
TITLE	PVT	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	BOYETT, WAYNE		3.2 NAME			•
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	CANTONMENT FL	☐ DELETE	3.4. CITY-5	ST-ZIP		☐ Change ☐ Addition
TITLE			4.1 TITLE			C outside C institute
NAME			4. 2 NAME	T ADDRESS		
STREET ADDRESS			4.3 STREE			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	1- LIF		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			•
}	1		63 STREE	TADORESS		

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.

6.4 CITY-ST-ZIP