

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 29, 1999 8:00 am
Secretary of State

04-29-1999 90196 040 ***150.00

DOCUMENT # V66785

1. Corporation Name
DO IT YOURSELF SCREEN CO.



Principal Place of Business
361 BLUEFISH DR.
FT. WALTON BEACH FL 32548
US

Mailing Address
361 BLUEFISH DR.
FORT WALTON BEACH FL 32548
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
09/28/1992

4. FEI Number
65-0358868

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

9. Name and Address of Current Registered Agent
GASTMANN, SHARON
361 BLUEFISH DR.
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent
81 Name GASTMANN SHARON
82 Street Address (P.O. Box Number is Not Acceptable)
5831 REINKE DRIVE
83 CRESTVIEW
84 City FL 85 Zip Code 32539

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	NAME	STREET ADDRESS	CITY-ST-ZIP
D	GASTMANN, SHARON M.	361 BLUEFISH DR	FT WALTON BCH FL
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	GASTMANN SHARON M	5831 REINKE DRIVE	CRESTVIEW FL 32539	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change				<input type="checkbox"/>	<input type="checkbox"/>

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: GASTMANN SHARON M. Sharon M. Gastmann APRIL 26 1999

CR2E034 (11/98)