FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Jun 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) 680117 S & H DRYWALL, INC. Principal Place of Business Mailing Address 8730 E HAINES COURT 8730 E HAINES COURT FLORAL CITY FL 34436 FLORAL CITY FL 34436 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3221 E 3221 E Thomas St 59-2571418 Thomas Not Applicable Suite, Apl. #, etc Suite, Apt #, etc \$8.75 Additional \mathbb{R} 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing FL Inverness Luvernes Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 81 Name SCHLOSS, SANDRA RT 2 8730 E HAINS CT Street Address (P.O. Box Number is Not Acorptable) 62 FLORAL CITY FL 32636 83 Zip Code 34453 84 City 85 Inversess 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 charge its registered office or registered agent, or both, in the State of Florida. Such charge 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 2005, Florida Statutes. SIGNATURE (Net)). Registered Agent's qualure required when reinstating) DATE JOINS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELLTE schloss, f **X** Change Addition 1.1 TITLE TITLE Robert M. HANSEN, FRANK R NAME 1.2 NAME CR2E034 RT 2 8728 E HAINES COURT STREET ADDRESS 1.3 STREET ADDRESS FLORAL CITY FL CITY-ST-ZIP 1.4 CITY - \$1 - 7)P DELETE Change Addition TITLE 2.1 TITLE SCHLOSS, ROBERT M. 22 NAME NAME RT 2 8730 E HAINES COURT STREET ADDRESS 2.3 STREET ADDRESS FLORAL CITY FL 2 4 CiTY - ST - 7(P CITY-ST-ZIP DOLLETE Change Addition 3.1 JHLE TITLE BENNETT, TERRY NAME 3.2 NAME 3823 E MAY COURT 3.3 STRELL ADDRESS STREET ADDRESS **INVERNESS FL** 34. CITY - ST-7/P CITY-ST-ZIP DELETE 4 1 THLE TITLE Murray, Sean F 9803 & Goldfinch Ln 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 34450 FL 4.4 CITY - ST- ZIP CITY-ST-ZIP DITTE Addition 1 5.1 1006 Change TITLE NAME 5.2 NAME E Thomas St 5.3 STREET ADDRESS STREET ADDRESS Inverses FL 34453 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME -06/16/98-01017-047 6.3 STREET ADDRESS STREET ADDRESS ***158.75 CITY-ST-ZIP 6.4 CITY - ST- ZIP

14. Thereby 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 suppliemental 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 cooperation of the receiver or historie empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, and an attachment with an address.

1. 12. 16.1. M. 5. 16.5.

Schloss

FILED