

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1995 5-1-95

B-7052-1

95 MAY -1 PM 1:56

DOCUMENT # **L89426** (5)

1. Corporation Name

**CHAMPION DRYWALL SERVICES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2617 BROOKER TRACE LN VALRICO FL 33594 US	C/O WALTER SANDERS 5121 EHRUCH ROAD, BLDG. #107-B TAMPA FL 33624

3. Date Incorporated or Qualified <b>07/12/1990</b>	3a. Date of Last Report <b>04/27/1994</b>
4. FEI Number <b>59-3022356</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
b. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 <b>10 WALTER SANDERS</b>
22 City & State	27 <b>13910 N. DALE MARRY SUITE 1</b>
23 Zip	28 <b>TAMPA, FL</b>
24 Country	29 <b>33618</b>
	30 <b>US</b>

9. Name and Address of Current Registered Agent

**SANDERS, WALTER**  
5121 EHRUCH RD  
BLDG. 107, SUITE B  
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name  
**SANDERS, WALTER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**13910 NORTH DALE MARRY HWY**

83 **SUITE ONE**

84 City **TAMPA** FL 85 Zip Code **33618**

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: *Walter Sanders* DATE: **2/21/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>LAMBERT, JOHN</b>
STREET ADDRESS	<b>2617 BROOKER TRACE LANE</b>
CITY ST ZIP	<b>VALRICO FL</b>
TITLE	<b>D</b>
NAME	<b>LAMBERT, ELLIE</b>
STREET ADDRESS	<b>2617 BROOKER TRACE LANE</b>
CITY ST ZIP	<b>VALRICO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(A), 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 **ELLIE W. LAMBERT**

SIGNATURE: *Ellie W Lambert* DATE: **03-01-95** 813-689-3825