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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L89426 (5)
1. Corporation Name
CHAMPION DRYWALL SERVICES, INC.



Principal Place of Business: 2617 BROOKER TRACE LN VALRICO FL 33594 US
Mailing Address: C/O SANDERS, WALTER 13910 N DALE MABRY STE 1 TAMPA FL 33618-2440 US

3. Date Incorporated or Qualified: 07/12/1990
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3022356
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 5206 Sandtrap Place
22 Valrico, FL
23 33594 US
2a. Mailing Address: 26 Suite, Apt. #, etc.
27 City & State: 28
29 Zip: 30 Country: 30

9. Name and Address of Current Registered Agent
SANDERS, WALTER
13910 N DALE MABRY HWY
STE 1
TAMPA FL 33618

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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* (NOTE: Registered Agent signature required when reinstating) DATE: 2-11-97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	LAMBERT, JOHN	
STREET ADDRESS	2617 BROOKER TRACE LANE	
CITY - ST - ZIP	VALRICO FL	
TITLE	D	DELETE
NAME	LAMBERT, ELLIE	
STREET ADDRESS	2617 BROOKER TRACE LANE	
CITY - ST - ZIP	VALRICO FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4100 5206 Sandtrap Place
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5206 Sandtrap Place
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *John Lambert* REQUIRED DATE: 4/20/97 813-689-3825 Daytime Phone #

CR2E034 (9/96)