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**Feb 26 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 # P93000044749 (8)

1. Corporation Name
O'RIORDAN ACOUSTICAL CEILINGS, INC.



Principal Place of Business

**8702 NORTH HIGHLAND AVENUE
TAMPA FL 33604**

Mailing Address

**8702 NORTH HIGHLAND AVENUE
TAMPA FL 33604-1933**

3. Date Incorporated or Qualified
06/24/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number
59-3188592

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip

28 Zip

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Country

25 Country

29 Country

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**O'RIORDAN, JOSEPH
8702 NORTH HIGHLAND AVENUE
TAMPA FL 33604**

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: *Joseph O'Riordan* **Joseph O'Riordan** 2-20-97
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	PST	<input checked="" type="checkbox"/> DELETE
NAME	O'RIORDAN, JOSEPH	
STREET ADDRESS	8702 NORTH HIGHLAND AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Bill Rutter	
STREET ADDRESS	3113 1/2 W. Wilder	
CITY-ST-ZIP	Tampa FL	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Heather O'Riordan	
STREET ADDRESS	8702 N. Highland Ave	
CITY-ST-ZIP	Tampa FL 33604	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Troy Cann	
STREET ADDRESS	505 1302 Ave	
CITY-ST-ZIP	Tampa FL 33612	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill Rutter	
1.3 STREET ADDRESS	3113 1/2 W. Wilder	
1.4 CITY-ST-ZIP	Tampa FL	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Heather O'Riordan	
2.3 STREET ADDRESS	8702 N. Highland Ave.	
2.4 CITY-ST-ZIP	Tampa FL 33604	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Troy Cann	
3.3 STREET ADDRESS	505 1302 Ave	
3.4 CITY-ST-ZIP	Tampa FL 33612	
4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joseph O'Riordan	
4.3 STREET ADDRESS	8702 N. Highland Ave	
4.4 CITY-ST-ZIP	Tampa FL 33604	
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: *Joseph O'Riordan* **Joseph O'Riordan** 2-20-97 813-933-0903
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)