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May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
8702 NORTH HIGHLAND AVENUE 8702 NORTH HIGHLAND AVENUE
TAMPA FL 33604 TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

13211 N. Nebraska Ave

2. Principal Place of Business 21 Suite C 22 Tampa FL 23 33612 24 Zip 25 U.S.A.		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 06/24/1993	
				4. FEI Number 59-3188592	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	O'Riordan Joseph
82 Street Address (P.O. Box Number is Not Acceptable)	13211 N. Nebraska Ave.
83	Suite C
84 City	Tampa
85 State	FL
86 Zip Code	33612

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* DATE 1-22-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP of operations	1. TITLE	Treasurer
NAME	RUTTER, WILLIAM	2. NAME	Heather O'Riordan
STREET ADDRESS	8702 NORTH HIGHLAND AVENUE	3. STREET ADDRESS	8702 N. Highland Ave.
CITY-ST-ZIP	TAMPA FL 33604	4. CITY-ST-ZIP	Tampa FL 33604
TITLE	S	21. TITLE	V.P. of ceilings
NAME	O'RIORDAN, HEATHER	22. NAME	Troy Cann
STREET ADDRESS	8702 N. HIGHLAND AVE.	23. STREET ADDRESS	8702 N. Highland Ave.
CITY-ST-ZIP	TAMPA FL	24. CITY-ST-ZIP	Tampa FL 33604
TITLE	T	31. TITLE	V.P. of Insulation
NAME	CANN, TROY	32. NAME	Chuck Ebanks
STREET ADDRESS	8702 NORTH HIGHLAND AVENUE	33. STREET ADDRESS	514 W. 131st Ave
CITY-ST-ZIP	TAMPA FL 33604	34. CITY-ST-ZIP	Tampa FL 33612
TITLE	P	41. TITLE	V.P.
NAME	O'RIORDAN, JOSEPH	42. NAME	Brian Foster
STREET ADDRESS	8702 N. HIGHLAND AVE.	43. STREET ADDRESS	12401 Orange Grove Dr.
CITY-ST-ZIP	TAMPA FL	44. CITY-ST-ZIP	Tampa FL 33618
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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, 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.

CR2E034 (10/97)