

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000093904 (8)**

1. Corporation Name

**SHEPHERD DRYWALL, INC.**



Principal Place of Business

Mailing Address

4084 SUNRISE FARMS RD.  
MIDDLEBURG FL 32068

4084 SUNRISE FARMS RD.  
MIDDLEBURG FL 32068

3. Date Incorporated or Qualified  
**12/27/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **MORGAN DRYWALL INC**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **5315 CRESTA WAY**

27

City & State

City & State

23 **JACKSONVILLE FL**

28

Zip

Country **U.S.**

Zip

Country

24 **32211**

25

~~FL~~

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4. FEI Number  
**59-3283976**

Applied For  
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPHERD, RONALD L  
4084 SUNRISE FARMS RD.  
MIDDLEBURG FL 32068

81 Name **MORGAN, CHARLES E**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5315 CRESTA WAY**

83

84 City **JACKSONVILLE** FL 85 Zip Code **32211**

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

*Charles E. Morgan Jr.*

(Multiple Registered Agents must sign and indicate which is replacing)

DATE

**5/1/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE

NAME **SHEPHERD, RONALD L**  
STREET ADDRESS **4084 SUNRISE FARMS RD.**  
CITY - ST - ZIP **MIDDLEBURG FL 32068**

TITLE **V**  DELETE

NAME **GANTJOS, STEVE**  
STREET ADDRESS **2757 MCCORMICH WOODS DRIVE**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **S**  DELETE

NAME **MORGAN, CHARLES E. JR.**  
STREET ADDRESS **3534 RING LANE**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **T**  DELETE

NAME **HODGES, WAYNE D.**  
STREET ADDRESS **ROUTE 2, BOX 330**  
CITY - ST - ZIP **MILLIARD FL**

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1. TITLE  Change  Addition

2. NAME **MORGAN, BETH**  
3. STREET ADDRESS **5315 CRESTA WAY**  
4. CITY - ST - ZIP **JACKSONVILLE FL 32211**

2. TITLE **S/O OFFICER**  Change  Addition

2. NAME **GANTJOS, STEVE**  
2.3 STREET ADDRESS **2757 MCCORMICH WOODS DR**  
2.4 CITY - ST - ZIP **JAX. FL**

3. 1. TITLE **PRESIDENT/DIR.**  Change  Addition

3. 2. NAME **MORGAN, CHARLES E. JR.**  
3. 3. STREET ADDRESS **5315 CRESTA WAY**  
3. 4. CITY - ST - ZIP **JACKSONVILLE FL 32211**

4. 1. TITLE  Change  Addition

4. 2. NAME **HODGES, WAYNE D.**  
4. 3. STREET ADDRESS **RT 2, BOX 330 N/A**  
4. 4. CITY - ST - ZIP **HILLIARD, FL.**

5. 1. TITLE  Change  Addition

5. 2. NAME  
5. 3. STREET ADDRESS  
5. 4. CITY - ST - ZIP

6. 1. TITLE  Change  Addition

6. 2. NAME  
6. 3. STREET ADDRESS  
6. 4. CITY - ST - ZIP

**800001864528**  
**-06/18/96--01010--049**  
**\*\*\*200.00**

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(3)(k), 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:

*Charles E. Morgan Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**5-1-96**

Date of Filing

**05 5/1/96**

CR2E034 (12/95)