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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

610676

(0)

1. Corporation	Name IAN DRYWALL, INC.	o (9)			
Principal Place of Business		Mailing Address		— {	8
813 SW RIVER COURT P. O. BOX 179 STUART FL 34994-8987 347470		813 SW RIVER COURT P. O. BOX 179 STUART FL 34994-8987 3-4970			
				3. Date Incorporated or Qualified 02/22/1979	3a. Date of Last Report 03/06/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Appled For
21		26		59-1900151	Not Applicable
Suite. Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City R State		City & State			Fee Required
City & State		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
	IN, ERIC R		82 Street Add	ress (P.O. Box Number is Not Acceptable	(5)
813 S.E. RIVER COURT DRIVE					
STUART	FL 3 0404		83		
			84 City FL 85 Zip Code 34990		
familiar with SIGNATURE:	o the provisions of Sections 607,050, or agent, or both, in the State of Flor n, and accept the obligations of, Sec Sgraker by edior printed native of registered page.	tion 607.0505, Florida Statut	ites, the above named corpo- ized by the corporation's boales SOIT: Rejection Agent specific reque-	ration submits this statement for the purp rd of directors. Thereby accept the appo	pose of changing its registered office intrinent as registered agent. I am
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TILLE	PTD	DELETE	1 % TITLE		☐ Change ☐ Addition
NAME	HARTMAN, ERIC R		1.2 NAME		
STREET ADDRESS	813 S.E. RIVER CRT DR.		1.3 STREET ADDRESS		
CHY-ST ZIF	STUART FL		14 CITY - ST- ZIP		
TITLE	VSD	DELETE	2 : 11TLF		Charge Addition
NAME	HARTMAN, REBECCA M.		2.2 NAME		
STREET ADDRESS	813 S.E. RIVER CRT DR.		2.3 STREET ACCURESS		
CITY ST ZIP	STUART FL	DELETE	2.4 CP Y - S1 - ZE1		Charge Addition
NAME.			32 NAME		C Guarde C Modulo I
SIREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST ZIP			3.4 CITY - ST - Z-P		
TILE		DE LE FE	4 : 11/LE	······································	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADERESS		
CHTY-ST-ZIP			4.4 CIT f - S* - Z P		
TITLE		DELFTE	5 1 11°LF		Change 🔲 Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			54 CHY S1-7P		
TIFLE		☐ DELETE	6 1 N'LE		Change Addition
NAME .			6.2 NAMI		
STHEET ADDRESS			6.3 STREET ADDRESS		
CHY-SI-2# 14. I do hereby certify that the information supplied with this fling is voluntarily furnishe			nyished and does not qualify f	or the evernation stated in Section 119.6	17/39/W Florida Statutos 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 changes, or oy an attachment with an address

SIGNATURE:

ATMAN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/94 1-407-287-2303