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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida

APPROVED
AND
FILED

9:37

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 681912 (2)

1. Corporate Name
GYPSUM DEALERS MANAGEMENT ASSOCIATION, INC.

Principal Office
149 W MICHIGAN ST
P.O.BOX 560310
ORLANDO FL 32806

Mailing Address
149 W MICHIGAN ST
P.O.BOX 560310
ORLANDO FL 32806

FOR DEPARTMENT USE ONLY

3. Date of Incorporation / Qualified: 08/05/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite Apt. #
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-2053645
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
CRIDER, FRANK W 149 W. MICHIGAN ST. ORLANDO FL 32806	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 Section 607.0505 and/or 607.0506 Florida Statute, 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 Statute.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE PD NAME CRIDER, FRANK W 149 W. MICHIGAN ST. ORLANDO, FL 00000	TITLE D ☐ Change ☑ Add NAME JOHN F. BENNETT 14 S.W. THIRD AVE DANIA, FL 33004
TITLE ST NAME CAMP, ROSANNE M. 149 W. MICHIGAN ST. ORLANDO, FL 00000	TITLE D ☐ Change ☑ Add NAME PHILIP MENG 839 S GARDEN RD RIVIERA BEACH FL 33404
TITLE VD NAME CRIPPEN, STAN 149 W. MICHIGAN ST. ORLANDO, FL 00000	TITLE D ☐ Change ☑ Add NAME E MICHAEL SZOTKOWICZ 101 1/2 DOUGLAS RD. OLDSMAR, FL 34677
TITLE NAME	TITLE ☐ Change ☐ Add
TITLE NAME	TITLE ☐ Change ☐ Add
TITLE NAME	TITLE ☐ Change ☐ Add

14. I hereby certify that the information supplied with this report is complete and accurate and does not apply for the exemption stated in section 607.0505 Florida Statute. 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 of this report or on an attachment with an address.

SIGNATURE: Rosanne M. Camp ROSANNE M. CAMP 5/1/95 407-549-5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0067128 CP