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FILED

May 13 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 # F92000000680 (0)

1. Corporation Name

KWIK-WALL OF FLORIDA, INC.

Principal Place of Business

607 S ALEXANDER ST
PLANT CITY FL 33566
US

Mailing Address

607 S ALEXANDER ST
PLANT CITY FL 33566-5050
US



3. Date Incorporated or Qualified
12/14/1992

3a. Date of Last Report
07/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-3147015

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

NAPIER, BARRY L
4107 THACKERY WAY
PLANT CITY FL 33567

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
NEISEWANDER, RAY H III
1010 EAST EDWARDS
SPRINGFIELD IL 62703

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
NEISEWANDER, RAY H JR
468 TIMBERLAND DRIVE
DIXON IL 61021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CAZDA, MARKY
1010 EAST EDWARDS STREET
SPRINGFIELD IL 62703

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
NAPIER, BARRY
4107 THACKERY WAY
PLANT CITY FL 33567

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
GRAY, SANDRA
1010 E. EDWARDS ST
SPRINGFIELD IL 62703

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
GRAY, SANDRA
1010 E. EDWARDS ST
SPRINGFIELD IL 62703

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/97

813-759-8867

CR2E034 (9/96)