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FILED

Apr 10 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 # F94000003855 (3)

1. Corporation Name
J. F. DRYWALL CORPORATION

Principal Place of Business

5847 SAN FELIPE
SUITE 3600
HOUSTON TX 77057
US

Mailing Address

5847 SAN FELIPE
SUITE 3600
HOUSTON TX 77057-3011
US



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

28 Zip

30 Country

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

76-0441247

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	BOWDEN, J. MURRY	
STREET ADDRESS	5847 SAN FELIPE	
CITY - ST - ZIP	HOUSTON TX	
TITLE	PAS	<input type="checkbox"/> DELETE
NAME	JAMES L. FATHEREE, JR.	
STREET ADDRESS	5847 SAN FELIPE	
CITY - ST - ZIP	HOUSTON TX	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BERGERON, B D	
STREET ADDRESS	5847 SAN FELIPE	
CITY - ST - ZIP	HOUSTON TX	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	THOMPSON, MICHAEL D	
STREET ADDRESS	5847 SAN FELIPE	
CITY - ST - ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	5847 SAN FELIPE, SUITE 3600	
1.4 CITY - ST - ZIP	HOUSTON, TX 77057	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN H. NASH	
2.3 STREET ADDRESS	5847 SAN FELIPE, SUITE 3600	
2.4 CITY - ST - ZIP	HOUSTON, TX 77057	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	5847 SAN FELIPE, SUITE 3600	
3.4 CITY - ST - ZIP	HOUSTON, TX 77057	
4.1 TITLE	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BO BUCHANAN	
4.3 STREET ADDRESS	5847 SAN FELIPE, SUITE 3600	
4.4 CITY - ST - ZIP	HOUSTON, TX 77057	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KATHY K. BINFORD	
5.3 STREET ADDRESS	5847 SAN FELIPE, SUITE 3600	
5.4 CITY - ST - ZIP	HOUSTON, TX 77057	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)