

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 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 # **G18411** (0)
1. Corporation Name
MAC DRYWALL, INC.

Principal Place of Business 22212 ST. RD. 40 P.O. BOX 899 ASTOR FL 32102	Mailing Address 22212 ST. RD. 40 P.O. BOX 899 ASTOR FL 32102-0899
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/06/1983	3a. Date of Last Report 05/14/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2251531		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent MCMINN, KURON 24151 MINK ROAD ASTOR FL 32751		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 22212 St. Rd. 40	
83		84 City Astor	
85 Zip Code FL 32102			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MCMINN, KURON	1.2 NAME	
STREET ADDRESS	24151 MINK ROAD	1.3 STREET ADDRESS	P. O. Box 899 N/A
CITY - ST - ZIP	ASTOR FL	1.4 CITY - ST - ZIP	Astor, FL 32102-0899
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	JOHN M. McMINN	2.2 NAME	JOHN M. McMINN
STREET ADDRESS	285 Coquina Ave.	2.3 STREET ADDRESS	P. O. Box 899 N/A
CITY - ST - ZIP	Ormond Bch., FL. 32174	2.4 CITY - ST - ZIP	Astor, FL 32102-0899
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	STEVE McMINN	3.2 NAME	STEVE McMINN
STREET ADDRESS	4238 SW 6th AVE.	3.3 STREET ADDRESS	P. O. Box 899 N/A
CITY - ST - ZIP	OCALA, FL. 34471	3.4 CITY - ST - ZIP	Astor, FL 32102-0899
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 #

0025987

CR2E034 (9/96)