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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:37

DOCUMENT # G88758 (9)

1. Corporation Name
C & D DRYWALL, INC.

Principal Place of Business	Mailing Address
% DON H. FRAZIER 2900 SE 156 PLACE ROAD SUMMERFIELD FL 34491-5029	% DON H. FRAZIER 2900 SE 156 PLACE ROAD SUMMERFIELD FL 34491-5029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1984	3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2416069	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FRAZIER, DON H
2900 SE 156 PLACE ROAD
SUMMERFIELD FL 34491-5029

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City FL 35 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FRAZIER, DON H.	1.2 NAME	
STREET ADDRESS	2900 SE 156TH PLACE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ARTMAN, CLARK	2.2 NAME	
STREET ADDRESS	13707 SE 49TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	FRAZIER, MARY	3.2 NAME	
STREET ADDRESS	2900 SE 156TH PL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and 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: Mary Frazier - Sec. 4-6-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARY FRAZIER - SEC.

0354130 CP