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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J80306

(0)

HENRY'S DRYWALL, INC.

Principal	Place	of	Business

Mailing Address

FILED Jul 02 1998 8:00am Secretary of State



18268 42 RD N 18268 42 RD N LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/30/1987 2s. Mailing Address 2. Principal Place of Business Applied For 26 59-2779064 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Žφ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. □ No 25 29 30 8, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TRAMMELL, HENRY 1894 CALICO ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33415** 83 84 City 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 proted name of registered agent and title if applicable. (NO1E Registered Agent signature required when reinstating) CR2E034 (10/97) OFFICERS AND DIRI CTORS 12, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE NAME TRAMMELL, HENRY 1.2 NAME STREET ADDRESS 1894 CALICO ROAD 13 STREET ADDRESS WEST PALM BEACH FI CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City-St-7IP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP 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 DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 supplicational 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 HOUSE TRANSMIT

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