FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J89887 (0)

1. Corporation Name
B & R DRYWALL, INC.

Principal Place of Business	Mailing Address
10371 ARBOR RIDGE TRAIL ORLANDO FL 32817	10371 ARBOR RIDGE TRAIL ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 4042 N. Econlockhatchee Tr.	26 4042 N. Econlockhatchee Tr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, Fl.	City & State 28 Orlando, Fl.
Zip 24 32817 Country 25 Orange	Zip 29 32817 Country 30 Orange

4. FEI Number: 59-2837163 ☐ 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

CULTON, II., ROBERT (DITTMER & WILDER)
539 VERSAILLES FRIVE SUITE #100
WINTER PARK FL 32794-5154

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 _____ 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	DV	11 TITLE	DV.	☒ Change ☐ Addition
NAME	MOORE, SR., WILLIAM	12 NAME	MOORE, SR. William	
STREET ADDRESS	10371 ARBOR RIDGE TRAIL	13 STREET ADDRESS	4042 N. Econlockhatchee Trail	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, Fl. 32817	
TITLE	DPS	21 TITLE	DPS	☐ Change ☐ Addition
NAME	MOORE, BARBARA	22 NAME	Moore, Barbara	
STREET ADDRESS	10371 ARBOR RIDGE TRAIL	23 STREET ADDRESS	4042 N. Econlockhatchee Trail	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, Fl. 32817	
TITLE	V	31 TITLE	V	☐ Change ☐ Addition
NAME	MOORE, JR., WILLIAM	32 NAME	MOORE, JR. William	
STREET ADDRESS	10371 ARBOR RIDGE TRAIL	33 STREET ADDRESS	4042 Econlockhatchee Trail	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, Fl. 32817	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Barbara R. Moore 4/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000613 CP