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FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K59730 (7)
1. Corporation Name
ALL-AMERICAN DRYWALL, INCORPORATED



Principal Place of Business
4023 SAWYER RD
#104
SARASOTA FL 34233
US

Mailing Address
% PATRICIA ANN MAXEY
3710 ASBURY PL
SARASOTA FL 34232-5035

3. Date Incorporated or Qualified
01/20/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 4023 Sawyer Rd
Suite, Apt. #, etc.
22 104
City & State
23 SARASOTA FL
Zip
24 34233 Country
25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

4. FEI Number
65-0091218

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
MAXEY, PATRICIA ANN
3710 ASBURY PL
SARASOTA FL 34232

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 *Patricia Maxey* Patricia Maxey, President DATE 4-14-97

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	MAXEY, PATRICIA ANN	
STREET ADDRESS	3710 ASBURY PL.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ST	DELETE
NAME	SLOAN, KELVIN	
STREET ADDRESS	3985 HELENE ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	DELETE
NAME	MAXEY, JAMES	
STREET ADDRESS	3710 ASBURY PL.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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: *Patricia Maxey* Patricia Maxey, President DATE 4-14-97

CR2E034 (9/96)