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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L37057

Mailing Address

K & K DRYWALL, INC.

Principal Place of Business

(1)

FILED Feb 06 1997 8:00am Secretary of State

| 11661 NORTHWEST 27TH STREET PLANTATION FL 33323 | | 11681 NORTHWEST 27TH STREET PLANTATION FL 33323-1857 | | ; | | | |
|---|--|---|---------------------|---|--|--|---------------------------------|
| | | | | | 3. Date Incorporated or Qualified 12/18/1989 | 3a. Date of Last 05/01/1996 | |
| 2. Principa! | Place of Business | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number | 1 7 | Applied For |
| 21 | | 26 | | | 65-0171929 | <u> </u> | Not Applicable |
| Suite, Apt. #. etc | | Suite, Apt. #, etc. 27 | | 5. Certificate of Status Desired | S8.75 Additional Fee Required | | |
| City & Sta | ile | City & State | | Election Campaign Financing Trust Fund Contribution | , , , , , , , , , , , , , , , , , , , | | |
| Zip 24 | Country 25 | Zip 29 | Coun | ry | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | |
| | 9. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New Re | gistered Agent | |
| RO | SE & ROSE, P.A. | | [8 | 1 Name | | | |
| THE DART BUILDING, STE. 200 2101 N. ANDREWS AVE. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| FT. LAUDERDALE FL 33311 | | | Ē | 13 | | # .* | |
| | | | Ē | 4 City | | FL 85 Zij | p Code |
| 11. Pursuan office or agent 1. | am famil ar with, and accept the obl | ligations of, Section 607.0505, I | Florida Statu | es. | orporation submits this statement for the pration's board of directors. I hereby accept | urpose of changing at the appointment a | its registered is registered |
| | Stgnature, typed or printed name of registered | | | gent signature re | quired when reinstating) | DATE | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE NAME | PD POGUE, W. KEITH | DELETE 1.1 | | | | Change | Addition |
| STREET ADDRESS | | | £ | EET ADDRESS | | | |
| C(TY+ST+ZIP | PLANTATION FL | | 1.4 C(T) | -ST-ZIP | | | |
| TITLE | | | 2.1 TITL | E | | Change | B L Addition |
| NAME | BENNETT, KIRK | | 2.2 NAN | E | | | |
| STREET ADDRESS | | | 2.3 \$TR | ET ADDRESS | | | · |
| CITY - S1 - ZIP | PLANTATION FL | | 2. 4 CIT | r-st-zip | | | |
| TITLE | S DELETE | | 3 1 TJTL | · | | Change | e 🔲 Addition |
| NAME | POGUE, DEBRA S. | | 3 2 NAM | IE] | | | |
| STREET ADDRESS | | | 33 STR | ET ADDRESS | | | ľ |
| CITY-ST-ZIP | PLANTATION FL | | 3 4. CIT | Y-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITL | E | | ☐ Change | e 🔲 Addition |
| NAME | | | 4. 2 NA | AE | | | |
| STREET ADDRESS | i | | 4.3 STR | eet address | | - | |
| CITY-ST-ZIP | | | 4.4 CITY | ST ZIP | <u> </u> | | |
| TITLE | | DELETE | 5.1 TITL | £ - | | Change | e 🔲 Addition |
| NAME | | | 5.2 NAA | 16 | | | |
| STREET ADDRESS | > | | 5,3 STR | EET ADDRESS | | | ŀ |
| C(1Y+\$1-ZIP | | | 5.4 CITY | -ST-ZIP | | 1 | |
| TITLE | | DELETE | 6.1 T(T) | | | ☐ Change | e Addition |
| NAME | | | 6.2 NAN | IE | | | |
| STREET ADDRESS | ; (| | 6.3 STR | EET ADDRESS | | | |
| CITY-S1-ZIP | | | | -ST-ZIP | | | |
| | ** * **** **************************** | | | | | | |

14. I do hereby 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 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

SIGNATURE:

Daytime Phone #