


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

FILED  
May 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L54051

1. Corporation Name

BALCOM DRYWALL SPECIALISTS, INC.

Principal Place of Business

Mailing Address

P O BOX 531  
TALLEVAST FL 34270-0531

P O BOX 531  
TALLEVAST FL 34270-0531

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4418 Rum Cay Circle	26	P O Box 3319	3/1/90	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3001977	
22		27		5. Certificate of Status Desired	
City & State		City & State		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing	
Sarasota FL		Sarasota FL		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible	
34233		34230		Personal Property Tax due June 30.	
Country		Country		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29			
USA		USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALCOM, DAVID E  
8488 N LOCKWOOD RIDGE RD STE 100  
SARASOTA FL 34243

81 Name DAVID E. BALCOM

82 Street Address (P.O. Box Number is Not Acceptable)  
4418 Rum Cay Circle

83  
84 City Sarasota

FL 85 Zip Code 34233

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

David E. Balcom David E. Balcom David E. Balcom 4-22-98

Signature, typed or printed name of registered agent and held if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Pres/D
STREET ADDRESS		1.3 STREET ADDRESS	DAVID E. BALCOM
CITY-ST-ZIP		1.4 CITY-ST-ZIP	4418 Rum Cay Circle
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Sarasota FL 34233
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: David E. Balcom David E. Balcom David E. Balcom 4-22-98/941-342-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0482994