


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

FILED
Jul 15 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 # L79640 (3)
 1. Corporation Name
CHARLES BRANDON DRYWALL, INC.



Principal Place of Business 195 SE 32 PLACE Ocala FL 34471 US	Mailing Address 195 SE 32 PLACE Ocala FL 34471-5131 US
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3. Date Incorporated or Qualified 06/08/1990	3a. Date of Last Report 04/18/1996
4. FEI Number 59-3000194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Charles Brandon Suite, Apt. #, etc.	2a. Mailing Address 26 Same as 2 Suite, Apt. #, etc.
22 1324 S.E. 33ct. City & State	27 City & State
23 Ocala Fl. 34471 Zip Country	28 Zip Country
24 34471	25 Marion
29	30

9. Name and Address of Current Registered Agent
BRANDON, CHARLES T., III
195 SE 32 PLACE
OCALA FL 34471
New Address

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDON, CHARLES T., III	
STREET ADDRESS	195 SE 32 PLACE	<i>New Address</i>
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDON, WENDY K.	
STREET ADDRESS	195 SE 32 PLACE	<i>New Address</i>
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brandon, Charles T., III	
1.3 STREET ADDRESS	1324 S.E. 33ct.	
1.4 CITY-ST-ZIP	Ocala Fl 34471	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brandon, Wendy K.	
2.3 STREET ADDRESS	1324 S.E. 33ct.	
2.4 CITY-ST-ZIP	Ocala Fl. 34471	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.
 Charles T Brandon III
 7-11-97

CR2E034 (9/96)