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FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L89426 (5)

1. Corporation Name  
CHAMPION DRYWALL SERVICES, INC.

Principal Place of Business  
2617 BROOKER TRACE LN  
VALRICO FL 33594  
US

Mailing Address  
C/O SANDERS, WALTER  
13910 N DALE MABRY STE 1  
TAMPA FL 33618-2440  
US

3. Date Incorporated or Qualified 07/12/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3022356	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 5206 Sandtrap Place	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Valrico, FL	28
24 Zip 33594	29 Country US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANDERS, WALTER 13910 N DALE MABRY HWY STE 1 TAMPA FL 33618	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: Walter Sanders DATE: WALTER SANDERS 2-11-97

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP D LAMBERT, JOHN 2617 BROOKER TRACE LANE VALRICO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <del>4142 Sandtrap Place</del> 5206 Sandtrap Place
TITLE NAME STREET ADDRESS CITY - ST - ZIP D LAMBERT, ELLIE 2617 BROOKER TRACE LANE VALRICO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 5206 Sandtrap Place
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 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: John Lambert DATE: 4/20/97 813-689-3825

CR2E034 (9/96)