FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

M98639 **DOCUMENT #**

(1)

COURTNEY DRYWALL, INC.

Principal Place of Business	Maling Address		1911 01011 010) (1
15121 NIGHTHAWK DR TAMPA FL 33625	15121 NIGHTHAWK DR Tampa Fl 33625			
		 Date Incorporated or Qualified 09/15/1988 		te of Last Report 02/14/1995
2. Principal Place of Business	2a. Maiing Address	4, FEI Number	<u></u>	Applied Fo
21	26	59-2908270		Not Applic
Surte, Apt. #, etc.	Suite, Apt. #, etc. 27	5. Certificate of Status Desired	Q	\$8.75 Addition Fee Required
City & State	City & State	6. Election Campaign Financing		\$5.00 May Be

Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COURTNEY, JERRY R. Street Address (P.O. Box Number is Not Acceptable) 82 15121 NIGHTHAWK DR 83 TAMPA FL

City Zip Code 84 85 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

Signatural systed or on-that have of registeres agent and the rilespleans. 12. OFFICERS AND DIRECTORS			.VIE Registered Agest signature requires 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Р	□ D€LETE	1 1 TITLE	Change Addit	
NAME	COURTNEY, JERRY R.		1.2 NAME		
STREET ADDRESS	15121 NIGHTHAWK DR.		1.3 STREET ADDRESS		
CiTY - ST - ZiP	TAMPA FL		1.4 CHY - S1 - ZIP		
TIFLE		□ DELETE	2 1 TITLE	Change Addit	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
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TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addit	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addit	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP			4 4 CITY - ST- ZIP		
TITLE		DELETE	5 1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP			5.4.0(TY-S1-Z)P		
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addi	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE! ADDRESS		
CITY - ST- 7IP			64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

SIGNING OFFICE OR DIRECTOR

CR2E034 (12/95)

Applied For Not Applicable