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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012448 (6)

SUPERIOR DRYWALL SERVICE, INC.

204 COLLIER DR. SE. 204 COLLIER DR. SE WINTER HAVEN FL 33884-1505 WINTER HAVEN FL \$3884 3. Date Incorporated or Qualified 3a. Date of Last Report 12/15/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3240987 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & Stato 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Žφ Country Country 8. This corporation has liability for intangible tay under s. 199.032, 11 No 24 Yes 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **R1** FIELDS, ROY D Name 204 COLLIER DRIVE, S.E. 82 Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33884 83 84 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE_Registered Agent's gnature required when relistating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. 96/6) DELETE Change Addition TITLE 1.1 TITLE FIELDS, ROY D NAME 1.2 NAME 204 COLLIER DRIVE STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DITE TITLE 2.1 10 L€ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 3 1 1 ITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-\$1-ZIP DELETE Change Addition TITLE 4.1 1111.6 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE Change ___ Addition 61TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 it 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.

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

SIGNATURE:

CITY-ST-ZIP

ROSCINULTURE OFFICE OFFICE

4/25/02

904 324-1249

FILED

Apr 30 1997 8:00am

Secretary of State