FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:26

DOCUMENT # **P93000004311 (5)**

1. Corporation Name

J.M.G. DRYWALL, INC.

Principal Place of Business	Mailing Address
~~2173 SW 52 ST~~ FT LAUDERDALE FL 33312	2173 SW 52 ST FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/11/1993	04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 2141 SW 113 AVE	26 2141 SW 113 AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DAVIE, FLORIDA	City & State 28 DAVIE, FLORIDA
Zip / Country 24 FL 33325 25 U.S.A.	Zip / Country 29 FL 33325 30 U.S.A.

4. FEI Number: 65-0378176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GAGNE, JEAN M 2173 SW 52 ST FT LAUDERDALE FL 33312	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City **FL** 65 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 title if applicable — (NOTE: Registered Agent signature required when executing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GAGNE, JEAN M ~~2173 SW 52 ST~~ FT LAUDERDALE FL 33312	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	D GAGNE, JEAN M. 2141 SW 113 AVE ~~DAVIE, FL 33325~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GAGNE, PAULINE M ~~2173 SW 52 ST~~ ~~FT LAUDERDALE FL 33312~~	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	D GAGNE PAULINE M 2141 SW 113 AVE DAVIE, FL 33325	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

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)(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: J. Gagne 4/20/95 305-370-0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0221845 CP