ATTORNEYS

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June 6, 2001

Via Overnight Delivery

Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: BEST DRYWALL COMPANY, INC.

200004419102 -06/07/01---01063---005 *****35.00

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Agent and Officer/Director Resignation for filing and our check in the amount of \$70.00 for the filing fees. Please file these documents at your earliest convenience. If you have any questions or comments, please do not hesitate to contact me.

Very truly yours,

David J. \$ockol

DJS/kmr Enclosures Signed in absence to avoid delay in mailing.

E:\Case Files\Best Drywall\Sec of State ltr.wpd

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0502, 617.0502, 607.1500 d corporation organized under the laws of the State of _		rida Statute	es,
submits the fol the State of Fla	lowing statement in order to change its registered offic	e or registered age	nt, or both,	in
2. The mailing	P.O. Box 17406, address of the corporation:	Clearwater,	FL 346.	
3. Date of inc	orporation/qualification: 3/8/1993 Docum	nent number: P930	0001872	9
	nd address of the current registered agent and office:			
	Ronald G. Milinovich			
	14733 Turnberry Court			
	Clearwater, FL 33762			
5. The name a	nd address of the new registered agent (if changed) and/ (P. Q. Box Not Acceptable)	or registered office	(if changed)):
	Gina M. Milinovich			
	14733 Turnberry Court			
	Clearwater, FL 33762			
The street add	lress of its registered office and the street address of the	business office of	its register	ed
Such change suthonized by	was authorized by resolution duly adopted by its board the board	of directors or by a	in officer so	i
	re of an officer, chairman or vice chairman of the board) . Milinovich	(Date)		
<u>.</u>	(Printed or typod name and title)		_	
Having been corporation, I further agree performatice registered ag	named as registered agent and to accept service of profile in the province of profile the appointment as registered agent and the comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the object.	cess for the above ad agree to act in the to the proper and colligation of my position of the collins of the co	stated sis capacity. complete tion as	01
	(Signature of Registered Agent)	(Date)	THE STATE OF THE S	
If signing on be	half of an entity:		ESSE SSE	-7
<u></u>	(Typed or Printed Name)	(Capacity)	T S	2 -
	* * * FILING FEE: \$35.00 * * *	,	OKIDA	÷ 52

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahasses, FL 32314