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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 13 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000030801 (3)

TRICOUNTY DRYWALL, INC.

Principal Place of Business	Mailing Address		1 (001)001 11 2 (0120)(1)11 00 1 1 001	in dann abiba 1944. Objat 1844 jagi kiği 1881
9700 8W 188 TERR MIAMI FL 33157	9700 SW 166 TERR MIAMI FL 33157-3341			
			3. Date Incorporated or Quali 04/27/1993	fied 3a. Date of Last Report 10/24/1996
2. Principal Place of Business 21	28. Maining Address 26		4. FEI Number 65-0421289	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desire	38.75 Additional
City & State	City & State		6. Election Campaign Financi	Fee Required rig \$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country 25	Ζφ 29	Gountry [30]	Florida Statutes	y for intangible tax under s. 199.032,
9. Name and Address of Cur	rent Registered Agent	,	10. Name and Address of Ne	w Registered Agent
MOORHEAD, TIMOTHY		81 Name		
9700 SW 166 TERR MIAMI FL 33157		82 Street Addr	ess (P.O. Box Number is Not Aco	eptable)
		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the St agent. I am familiar with, and accept the ob-	ate of Florida. Such change was	authorized by the corporat	oration submits this statement for ion's board of directors. I hereby a	the purpose of changing its registered
SIGNATURE Signature, typed or printed name of registered	Face of an extrate dispendentalis (NC)	OH - B. Jesterud Agent signature reger	ed when reculation	DATE
	AND DIRECTORS	13.		OFFICERS AND DIRECTORS IN 12
TITLE D	☐ DELETÉ	1 1 TILLE	•••••••••	Change Addition
NAME MOORHEAD, TIMOTHY		1.2 NAME		[;
STREET ADDRESS 9700 SW 168 TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33157	· · · · · · · · · · · · · · · · · · ·	1.4 CiTY+ST_ZIP		
TITLE	LJ DELETE	21 THEE		Change L Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STHEET ADORESS		
CITY-ST-ZIP TITLE	DELETE	2 4 C(1Y - S1 - ZIF 3 1 TILLE	•	Change Addition
NAME	(_) Dett it	3.2 NAM[Change Addition
STREET ADDRESS		3.2 NAIVE 3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY- ST- ZIP		
TITLE	DELETE	4.1 THUE		Change Addition
NAME		4. 2 NAME	•	
STREET ADDRESS		4.3 STREET ADDRESS		į
CITY-ST-ZIP		4.4 C(1Y+S1+Z)F		
TITLE	☐ DELFIE	5.1 THUE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CHY+ST-ZIP		
TITLE	DELETE	617016		Change Addition
NAME		G2 NAML		
STREET ADDRESS		G 3 STHEET ADORESS		
0(T) 0T 7(B		0 1 0/3/4 0/ 3/0		

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 Statutos. Further certify that the information indicated on this annual report or suppremental 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.