

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
200 South E. Washington
Tallahassee, Florida 32399-0001
Phone: (904) 497-1000

APPROVED
AND
FILED

JUN 1 1995 9:15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047908 (6)

ADVANCED DRYWALL & STUCCO, INC.

2. Principal Office (City and State)		2a. Mailing Address (City and State)		3. Date of Incorporation or Qualification	3a. Date of Last Report
21. State of Florida		2a. Florida		06/22/1994	
22. State of Florida		26. State of Florida		4. FEI Number	Applied For / Not Applicable
23. State of Florida		27. State of Florida		65-0504222	
24. State of Florida		28. State of Florida		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. State of Florida		29. State of Florida		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. State of Florida		30. State of Florida		8. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
QUINN, JEFFREY C 307 AIRPORT ROAD NORTH NAPLES FL 33942				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	
				FL 85. 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 of 1994 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	MAURICE J. COUGHLIN <i>AS/D</i>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	560 5th St. S.W.	2. NAME	
CITY AND STATE	NAPLES, FL 33964	3. STREET ADDRESS	
		4. CITY AND STATE	
NAME	STEPHANIA COUGHLIN <i>VP/T</i>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	560 5th St. S.W.	6. NAME	
CITY AND STATE	NAPLES, FL 33964	7. STREET ADDRESS	
		8. CITY AND STATE	
NAME		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		10. NAME	
CITY AND STATE		11. STREET ADDRESS	
		12. CITY AND STATE	
NAME		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	
CITY AND STATE		15. STREET ADDRESS	
		16. CITY AND STATE	
NAME		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		18. NAME	
CITY AND STATE		19. STREET ADDRESS	
		20. CITY AND STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true and equally for the exemptions stated in Section 199.032, Florida Statutes. I further certify that the information included in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I am familiar with and accept the obligations of the corporation and the registered agent. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name appears in Block 13 of the Block 13 filing report submitted to the Department of State.

SIGNATURE: *Stephania R. Coughlin* / *Stephania Coughlin - VP* 4/29/95 353-1187