

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073704 (6)

1. Corporation Name

GYPSUM SYSTEMS, INC.



Principal Place of Business

1311 EXECUTIVE CENTER DR., SUITE 104
TALLAHASSEE FL 32301

Mailing Address

1311 EXECUTIVE CENTER DR., SUITE 104
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
10/07/1994

3a. Date of Last Report
05/12/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

4. FEI Number
59-3272111

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

BROOKS, RONALD W
863 E. PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, 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 or director, if applicable

Signature typed or printed name of registered agent or director, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CALHOUN, CHARLES
STREET ADDRESS ROUTE 5, BOX 6660
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ DELETE
NAME CALHOUN, SHELVEY J
STREET ADDRESS ROUTE 5, BOX 6660
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ DELETE
NAME BRIGGS, JOSEPH
STREET ADDRESS 6330 CRAWFORDVILLE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE D ☐ DELETE
NAME BRIGGS, PAMELA J
STREET ADDRESS 6330 CRAWFORDVILLE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph G. Briggs

5/13/96

(904) 656-7043

CR2E034 (12/95)