

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000024014 (9)

1. Corporation Name

PANHANDLE DRYWALL SUPPLY, INC.



Principal Place of Business

306 E. COLLEGE AVE.
TALLAHASSEE FL 32301

Mailing Address

306 E. COLLEGE AVE.
TALLAHASSEE FL 32301

2. Principal Place of Business

2a. Mailing Address

21 508 ENTERPRISE DRIVE

26 P. O. BOX 16503

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PANAMA CITY, FLORIDA

28 PANAMA CITY, FLORIDA

Zip

Country

Zip

Country

24 32408

25 BAY

29 32406-6503

30 BAY

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/24/1995

3a. Date of Last Report

4. FEI Number

59-3303503

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

10. Name and Address of New Registered Agent

GAUTIER, RUSSELL D
306 E. COLLEGE AVE.
TALLAHASSEE FL 32301

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 and Florida capital table

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	MCDANIEL, THOMAS F	4034 TORINO WAY	PANAMA CITY FL 32405	<input type="checkbox"/>
D	JOHNSON, RONALD A	1809 DONAGAL DR.	CANTONMENT FL 32514	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETED
P/D				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V/D				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5109 HIGH POINTE DRIVE	PENSACOLA, FLORIDA 32505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		S/T		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		MCDANIEL, CHERYLE D.	4034 TORINO WAY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		PANAMA CITY, FLORIDA	32405	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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)(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

THOMAS F. MCDANIEL, PRESIDENT/DIRECTOR

4-10-96

904/233-5472

CR2E034 (12/95)