2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2000 8:00 am Secretary of State DOCUMENT # P95000024014 1. Entity Name PANHANDLE DRYWALL SUPPLY, INC. 01-28-2000 90069 027 ***158.75 Mailing Address Principal Place of Business P.O. BOX 16503 7732 MELVEY RD PANAMA CITY BEACH FL 32408 PANAMA CITY FL 32406-6503 **UUUTJJZ4** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3303503 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAUTIER, RUSSELL D Street Address (P.O. Box Number is Not Acceptable) 306 E. COLLEGE AVE. TALLAHASSEE FL 32301 City Zio Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X-XAddition TITLE Change Delete TITLE NAME NAME MCDANIEL, THOMAS F. MCDANIEL, MICHAEL D. STREET ADDRESS STREET ADDRESS **4034 TORINO WAY** 302 PRUDENCE LANE CITY-ST-ZIP CITY-ST-ZIP PANAMA <u>CITY BEACH, FLORIDA</u> PANAMA CITY FL 32405 32408 XX Delete ☐ Change Addition TITLE TITLE JOHNSON, RONALD A. NAME STREET ADDRESS STREET ADDRESS 3025 MARQUETTE AVENUE CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32505 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MCDANIEL, CHERYLE D. NAME STREET ADDRESS STREET ADDRESS 4034 TORINO WAY CITY-ST-ZIP CITY-ST-ZIF PANAMA CITY FL 32405 ☐ Change Addition TITLE TIT! F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE . NAME Are Area Commence STREET ADDRESS STREET ADDRESS CAN SELECTION CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000

850/233-5472

Daytime Phone #