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Secretary of State

03-11-1999 90129 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000037002 1. Corporation Name TCB DRYWALL, INC.		



Principal Place of Business 3950 SUMMER PINES DRIVE JACKSONVILLE FL 32257	Mailing Address 3950 SUMMER PINES DRIVE JACKSONVILLE FL 32257
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11747 Greenland Oaks Dr. Suite, Apt. #, etc. 22		2a. Mailing Address 26 11747 Greenland Oaks Dr. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 05/08/1995		4. FEI Number 59-3318798		Applied: Fees Not Applicable	
City & State 23 Jacksonville, Florida		City & State 28 Jacksonville, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24 32258 Country 25 USA		Zip 29 32258 Country 30 USA							

9. Name and Address of Current Registered Agent WILLIAMS, JOHNNY R 3950 SUMMER PINES DRIVE JACKSONVILLE FL 32257				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11747 Greenland Oaks Dr. 83 84 City Jacksonville FL 85 Zip Code 32258			
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 <u>Johnny R. Williams</u> <u>JOHNNY R. WILLIAMS - PRESIDENT</u> DATE <u>3-8-99</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>							

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D <input type="checkbox"/> DELETE NAME WILLIAMS, JOHNNY R STREET ADDRESS 3950 SUMMER PINES DRIVE CITY-ST-ZIP JACKSONVILLE FL 32257				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 11747 Greenland Oaks Dr. 1.4 CITY-ST-ZIP Jacksonville, FL 32258			
TITLE D <input type="checkbox"/> DELETE NAME WILLIAMS, MARY C STREET ADDRESS 3950 SUMMER PINES DRIVE CITY-ST-ZIP JACKSONVILLE FL 32257				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 11747 Greenland Oaks Dr. 2.4 CITY-ST-ZIP Jacksonville, FL 32258			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Johnny R. Williams JOHNNY R. WILLIAMS PRESIDENT DATE 3/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)