

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000043576 (4)

1. Corporation Name
STEPHENS DRYWALL, INC.



Principal Place of Business
~~3063 G HERON LAKE DRIVE~~ 1580 S. Lyndell Dr.
KISSIMEE FL 34741

Mailing Address
~~3063 G HERON LAKE DRIVE~~ 1580 S. Lyndell Dr.
KISSIMEE FL 34741

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1580 S. Lyndell Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 1580 S. Lyndell Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/31/1995	
22 City & State		27 City & State		4. FEI Number 59-3326843 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STEPHENS, LAWRENCE W 3063 G HERON LAKE DRIVE 1580 S. Lyndell Dr. KISSIMEE FL 34741				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, LAWRENCE W	1.2 NAME	
STREET ADDRESS	3063 G HERON LAKE DRIVE	1.3 STREET ADDRESS	1580 S. Lyndell Dr.
CITY-ST-ZIP	KISSIMEE FL 34741	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, SUSAN E	2.2 NAME	
STREET ADDRESS	3063 G HERON LAKE DRIVE	2.3 STREET ADDRESS	1580 S. Lyndell Dr.
CITY-ST-ZIP	KISSIMEE FL 34741	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ DATE 11-11-98 457-932-6297

CR2E034 (10/97)