

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000029163 (8)**

1. Corporation Name
GRIFFIN DRYWALL, INC.



Principal Place of Business 12147 S.E. 74TH TERRACE BELLEVUE FL 34420	Mailing Address 12147 S.E. 74TH TERRACE BELLEVUE FL 34420-4631
---	--

3. Date Incorporated or Qualified 04/01/1996	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business 21 12147 SE 74th Terrace Suite, Apt. #, etc.	2a. Mailing Address 26 12147 SE 74th Terrace Suite, Apt. #, etc.	4. FEI Number 59-3372380	Applied For Not Applicable
22 City & State 23 Bellevue, FL	27 City & State 28 Bellevue, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 34420 Country USA	29 Zip 34420 Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GRIFFIN, DAVID F
12147 S.E. 74TH TERRACE
BELLEVUE FL 34420**

10. Name and Address of New Registered Agent

81 Name David F. Griffin
82 Street Address (P.O. Box Number is Not Acceptable)
83 12147 SE 74th Terrace
84 City Bellevue FL 85 Zip Code 34420

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 D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIFFIN, DAVID F		1.2 NAME	
STREET ADDRESS 12147 S.E. 74TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP BELLEVUE FL 34420		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIFFIN, TRACY B		2.2 NAME	
STREET ADDRESS 12147 S.E. 74TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP BELLEVUE FL 34420		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do 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: **David F. Griffin** *David F. Griffin* 4-24-97 347-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)