FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550 Jun 10 1997 8:00am **PROFIT** FLORIDA DEPARTMENT FSTATE CORPORATION Sandra B. Mort Secretary of State **ANNUAL REPORT** Secretary of St DIVISION OF CORPO 1997 TIONS POCUMENT # **P96000055017 (3)** BERNARD'S DRYWALL OF DEBARY PHASE II. INC. Principal Place of Business Mailing Address 838 ALAMANDER AVENUE 338 ALAMANDER AVENUE DEBARY FL 32713 DEBARY FL 32713-3627 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1996 2. Principal Place of Business 2a. Mailing Addre 338 Aloma WDE Sulte, Apt. #, etc. 338 A/9man Applied For 59-339 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be DEBAK 28 Trust Fund Contribution Added to Fees This corporation has liability for integrable tax under s. 199.032. 10/451A 29 Florida Statutos Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent wilferd, emmy v 81 Name 338 ALAMANDER AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) DEBARY FL 32713 83 84 City 85 Zip Code Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida. above-named corporation submits this statement for the purpose of changing its registered of by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE d Age: I signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE resident Change NAME NORD WILFERD NAM! wou see STREET ADDRESS ¹street address CITY-ST-ZIP COY ST 70P DELETE TITLE SHIE Change Addition EMMY WILPELD 337 Alamanan Auc NAME NAME STREET ADDRESS STREET ADDRESS DEBANY, Pl. 347/3 CITY-ST-ZIP CITY-S1-ZIP DELETE TITLE TREASURCL TITLE Change Addition NAME BOLNARD WILPHD NAME 33 Alomanou Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7(P TITLE DELETE MILE Addition NAME 338 Alamenau Ave STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE TIME Change Addition NAME NAME STREET ADDRESS STREET AUDRESS

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14. I do hereby certify that the information supplied with this filing does not qualify 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 trucky accurate and that my signature shall have the same legal effect as if made under oath, that appears in Block 12 or Block 13 if changed, or on an attachment with an addres.

SIGNATURE:

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