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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000072546 (0)

1. Corporation Name  
S & H DRYWALL OF WEST FLORIDA, INC.



Principal Place of Business  
3221 E. THOMAS STREET  
INVERNESS FL 34453

Mailing Address  
3221 E. THOMAS STREET  
INVERNESS FL 34453-3242

3. Date Incorporated or Qualified 08/28/1996	3a. Date of Last Report
4. FEI Number 69-239-5635	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent SUGGS, DANNY 2098 FOREST DRIVE INVERNESS FL 34453	10. Name and Address of New Registered Agent
81 Name	Suggs, Danny
82 Street Address (Post Office Box Number is Not Acceptable)	3221 E Thomas St
83	
84 City	Inverness
85 Zip Code	FL 34453

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUGGS, DANNY	1.2 NAME	Steven O Kew
STREET ADDRESS	2098 FOREST DRIVE	1.3 STREET ADDRESS	7291 E Turner Camp Rd
CITY-ST-ZIP	INVERNESS FL 34453	1.4 CITY-ST-ZIP	Inverness FL 34453
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYCNE, ANDREW C	2.2 NAME	Michael R Ward
STREET ADDRESS	16858 SW 57TH ST	2.3 STREET ADDRESS	3035 N Hooty Pt
CITY-ST-ZIP	OCALA FL 34481	2.4 CITY-ST-ZIP	Inverness FL 34453
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATHERINGTON, DAVID	3.2 NAME	
STREET ADDRESS	16858 SW 57TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTKEP, THOMAS	4.2 NAME	
STREET ADDRESS	8882 E HANES COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL 34436	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: Danny Suggs DATE: 2/1/97 DAYTIME PHONE: 352-637-2422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)