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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham.

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079286 (6)

COMMERCIAL DRYWALL & PLASTERING, INC.

Principal Place of Business Mailing Address				!	## ####
22750 NORTH US HWY. 41 MICANOPY FL 32867		22750 NORTH US HWY. 41 MICANOPY FL 32667			
	•			3. Date Incorporated or Qualified 3. 09/19/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59 - 34013	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 3	Country 10	This corporation has liability for inta Florida Statutes	ngible tax under s. 199.032, es
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
• CT C	CORPORATION SYSTEM		81 Name	. Barry Gibso	2.0
1200 SOUTH PINE ISLAND ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			22-	750 N U.S. Hu	vy 441
			83		
			84 City		85 Zip Code
			<i>/ r</i>	PICANOPY	FL 32667
11. Pursuant i	to the provisions of Sections 607.0502 egistered agent or bold one State (and 607.1508, Florida Statutes of Florida . In change was au	s, the above-named cor <u>thoriz</u> ed by the corpora	poration submits this statement for the purp ation's board of directors. I hereby accept the	oose of changing its registered ne appointment as registered
agent. I a	m familiar with, and the obliga	tions of the section flore	da Siawe s.	,	
3	Stonature and or integrame of region of agen	it and title if applicable. (NOTE	Registered Agent signature requ	dred when reliebblies	DATE
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	· International Control of the Contr
TITLE	PST	☐ DELETE	1.1 TITLE		Change Addition
NAME	GIBSON, C. BARRY		1.2 NAME		
STREET ADDRESS	22750 NORTH US HWY. 41		1.3 STREET ADDRESS		
CITY-ST-ZIP	MICANOPY FL 32887		1.4 CITY-ST-ZIP		•
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 T(TLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	`	Change Addition
NAME			4. 2 NAME	μ_{N}	4
STREET ADDRESS			4.3 STREET ADDRESS	p	/2/
CITY-ST-ZIP			4.4 CITY - ST - ZIP		7
TITLE		☐ DELETE	5.1 TITLE	`\~	Change Addition
NAME			5.2 NAME	`	J
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T coice	5.4 CITY-ST-ZIP		[] Observed [] 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
TITLE		☐ DELET E	6.1 TITLE	000002196 -06/02/9701002 ***330.00	Change Addition
NAME			6.2 NAME	-06/02/9701002	006
STREET ADDRESS			6 3 STREET ADDRESS	***330.00	000
CITY-ST-ZIP			6.4 CHY-ST-ZIP	mercout to	

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

FILED

Jun 13 1997 8:00am

Secretary of State