

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

FILED
May 19 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 # **P96000093150 (6)**

1. Corporation Name

CUTTER DRYWALL & STUCCO, INC.



Principal Place of Business
**8421 PIONEER ROAD
WEST PALM BEACH FL 33411
US**

Mailing Address
**6342 FOREST HILL BLVD
STE 290
WEST PALM BEACH FL 33415
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0708242	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MILLER, HARVEY
2311 WESTWOOD ROAD
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

81 Name	GRADY WADE STEPHENS	
82 Street Address (P.O. Box Number is Not Acceptable)	8421 PIONEER ROAD	
83		
84 City	West Palm Beach	85 Zip Code FL 33411

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 Grady Wade Stephens Grady Wade Stephens DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HARVEY		1.2 NAME	Grady Wade Stephens	
STREET ADDRESS	2311 WESTWOOD ROAD		1.3 STREET ADDRESS	8421 Pioneer Road	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		1.4 CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Phyllis R. Stephens	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, CAROLYN		2.2 NAME	8421 Pioneer Road	
STREET ADDRESS	548 CHIMNEY ROCK ROAD		2.3 STREET ADDRESS	West Palm Beach, FL 33411	
CITY-ST-ZIP	HARRODSBURG KY 40330		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 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 Grady Wade Stephens Grady Wade Stephens Grady Wade Stephens

CP2E034 (10/97)