


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

FILED

Apr 01 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 # V00607 (4) 1. Corporation Name RWB METAL FRAMING AND DRYWALL, INC.																																																																																							
Principal Place of Business 680 PINE VALE DRIVE NAPLES FL 33942		Mailing Address 680 PINE VALE DRIVE NAPLES FL 34104-5410																																																																																					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																																																																																					
3. Date Incorporated or Qualified 12/16/1991		3a. Date of Last Report 04/18/1996																																																																																					
4. FEI Number 65-0306931		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																																																																																							
9. Name and Address of Current Registered Agent BUCHAN, ROBERT W. 680 PINE VALE DRIVE NAPLES FL 33942		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																					
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: <i>Robert W. Buchan</i> ROBERT BUCHAN PRESIDENT Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																																																																							
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BUCHAN, ROBERT W.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>680 PINE VALE DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NAPLES FL</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> DELETE	NAME	BUCHAN, ROBERT W.		STREET ADDRESS	680 PINE VALE DRIVE		CITY - ST - ZIP	NAPLES FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>P/D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>BUCHAN, ROBERT W.</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>680 PINE VALE DR.</td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td>NAPLES, FL 34104</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>V/S</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>BUCHAN, TAMARA L.</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>680 PINE VALE DR.</td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td>NAPLES, FL 34104</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	BUCHAN, ROBERT W.		1.3 STREET ADDRESS	680 PINE VALE DR.		1.4 CITY - ST - ZIP	NAPLES, FL 34104		2.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME	BUCHAN, TAMARA L.		2.3 STREET ADDRESS	680 PINE VALE DR.		2.4 CITY - ST - ZIP	NAPLES, FL 34104		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY - ST - ZIP			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY - ST - ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY - ST - ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY - ST - ZIP		
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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: <i>Robert W. Buchan</i> ROBERT BUCHAN PRESIDENT 3-27-97 941-455-4357 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																							

CR2E034 (9/96)