

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 MAY 30 AM 9:05

**DOCUMENT # V46429 (9)**

1. Corporation Name

**PACE DRYWALL, INC.**

Principal Place of Business

**4133 LAWRENCE AVENUE  
PACE FL 32571**

Mailing Address

**4133 LAWRENCE AVENUE  
PACE FL 32571**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/29/1992** 3a. Date of Last Report **07/05/1994**

4. FEI Number **59-3125291** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**BRANUM, TERESIA  
4133 LAWRENCE AVENUE  
PACE FL 32571**

10. Name and Address of New Registered Agent

**81** Name

**LEON C BRANUM**

**82** Street Address (P.O. Box Number is Not Acceptable)

**4133 LAWRENCE AVE**

**83**

**84** City

**Pace**

**FL**

**85** Zip Code

**32571**

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

**Leon C. Branum**

(Signature) typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | <b>PVT</b>                  |
| NAME            | <b>BRANUM, TERESIA</b>      |
| STREET ADDRESS  | <b>4133 LAWRENCE AVENUE</b> |
| CITY - ST - ZIP | <b>PACE FL</b>              |
| TITLE           | <b>SD</b>                   |
| NAME            | <b>BRANUM, TERESIA</b>      |
| STREET ADDRESS  | <b>4133 LAWRENCE AVENUE</b> |
| CITY - ST - ZIP | <b>PACE FL</b>              |
| TITLE           | <b>PVT</b>                  |
| NAME            | <b>BRANUM, LEON C</b>       |
| STREET ADDRESS  | <b>4133 LAWRENCE AVENUE</b> |
| CITY - ST - ZIP | <b>PACE FL</b>              |
| TITLE           | <b>SD</b>                   |
| NAME            | <b>BRANUM, LEON C</b>       |
| STREET ADDRESS  | <b>4133 LAWRENCE AVENUE</b> |
| CITY - ST - ZIP | <b>PACE FL</b>              |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                            |                                                                              |
|---------------------|----------------------------|------------------------------------------------------------------------------|
| 1. TITLE            | <b>LEON C BRANUM</b>       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME             | <b>4133 Lawrence Ave</b>   |                                                                              |
| 3. STREET ADDRESS   | <b>PACE FL 32571</b>       |                                                                              |
| 4. CITY - ST - ZIP  |                            |                                                                              |
| 2.1 TITLE           | <b>Fletcher Sikes</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>5541 SunKist Cir</b>    |                                                                              |
| 2.3 STREET ADDRESS  | <b>Pace FL 32571</b>       |                                                                              |
| 2.4 CITY - ST - ZIP |                            |                                                                              |
| 3.1 TITLE           | <b>Wayne Boyett</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | <b>3060 FRANK ARD ROAD</b> |                                                                              |
| 3.3 STREET ADDRESS  | <b>Cantonment FL 32533</b> |                                                                              |
| 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 |                            |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: **Leon C. Branum** **Leon C. Branum**

(Signature) typed or printed name of signing officer or director

**5-22-95 (904) 994-8734**

(Date)

(Telephone Number)