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 # H05603

(6)

GATOR GYPSUM, INC.									
Principal Plac 3904 ADAMO TAMPA FL 330	DRIVE	3904 ADAMO	Mailing Address 3904 ADAMO DRIVE TAMPA FL 33605-5902			I MATION DUS ACCUS RINNA BISIN DOIDD THU DIEN DIDN DIDN DOUGH EVEN RICH LOOK			
						3. Date Incorporated or Qualified 05/25/1984	3a. Date of L 03/25/19		rt
2. Principal P	lace of Business	26. Mailing Ad	ldress			4. FEI Number		Applie	
21		26	4 -1-			59-24 10846			oplicable
Suite, Apt.	#, etc	27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	}	City & State			6. Election Campaign Financing \$5.00 May Be			
23	Country	[28]	Zip Country			Trust Fund Contribution Added to Fees			
Zip 24	Country 25	29			•	8. This corporation has liability for intangible tax under s. Florida Statutes Yes No		der s. 199	9.032,
24]	9. Name and Address of Current Registered Agent			<u> </u>		10. Name and Address of New Registered Agent			
SW	EET, GERALD R			81	Name	<u></u>	Fa		
	4 ADAMO DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
TAX	MPA FL 33605-2902								
				83					
				84	City		FL B5	Zip Code	ē
11. Pursuant	to the previsions of Sections 607.0	502 and 607 1508, Fl	orida Statutes	the above	e-named co	rporation submits this statement for the p		jing its re	gistered
office or r agent. La	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such of ligations of, Section 6	iange was aut 07.0505, Flori	thorized by da Statute:	y the corpora s.	rporation submits this statement for the pation's board of directors. I hereby acceptation's	ot the appointme	nt as regi	istered
SIGNATURE									
	Signature Typed or posted name of registered	· 	(NOTE I	Registered Age	ent signature requ	uired when reinstating)	DATE	OTODO II	110
12.	VD	AND DIRECTORS	DELETE 1;			ADDITIONS/CHANGES TO OFFIC	Ch		Addition
NAME	REW, C.JOHN	ے		1.2 NAME					
STREET ADDRESS	15720 W. 108TH SUITE 200)		1.3 STREET	ADDRESS				
CITY-ST-ZIP	LENEXA KS			1.4 CITY-S	T-ZIP				
TITLE	D		DELETE	2 1 TITLE			☐ Ch	ange [Addition
NAME	REW, RICK J.			2.2 NAME					
STREET AODRESS	15720 W. 108TH SUITE 200)		2 3 STREET	ADDRESS				
City-St-ZiP	LENEXA KS			2 4 CiTY-	ST-ZIP				
TOTE	VSD DELETE		DELETE	3.1 TIFLE			LI Ch	ange L	_] Addition
NAME	SWEET, GERALD R			3.2 NAME					
STREET ADORESS	3904 ADAMO DR			3.3 STREET		•			
CITY-S1-ZIP	TAMPA FL		DELETE	3.4. CITY	ST-ZIP		[_] Ch	2000	Addition
TITLE NAME	TD DELETE WHITCOMB, RICHARD A.		4.1 TITLE 4. 2 NAME			L., 61	ende r	→ MONION	
STREET ADDRESS	464 BISHOP STREET NW			4. 2 NAME					
CITY-ST-ZIP	ATLANTA GA			4.3 STREET	1				
TITLE	VD VD	Π	DELETE	5.1 TITLE	21 - 511		☐ Ch	ange L	Addition
NAME	MUELLER, RICHARD K.		5.2 NAME						
STREET ADDRESS	464 BISHOP STREET NW			5.3 STREET	ADDRESS				
CITY+S1-ZIP	ATLANTA GA			5.4 CITY - 5					Ì
TITLE			DELETE	6.1 TITLE		***************************************	Ch	ange [Addition
NAME				6.2 NAME					
STREET ADDRESS				63 STREET	T ADDRESS				

14. Fdo 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: Richard A. Whitcomb SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICE

R OR DIRECTOR

02/24/97

(770) 939-1711

Daytime Phone #

FILED

Feb 28 1997 8:00am

Secretary of State