

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 20 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 680117 (9)
1. Corporation Name
S & H DRYWALL, INC.

Principal Place of Business Mailing Address
3221 E. THOMAS ST. 3221 E. THOMAS ST.
INVERNESS FL 32650 INVERNESS FL 32650

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1980		3a. Date of Last Report 02/08/1994	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2571418		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

SCHLOSS, SANDRA
RT 2 8730 E HAINES CT
FLORAL CITY FL 32636

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HANSEN, FRANK R	1.2 NAME	
STREET ADDRESS	RT 2 8728 E HAINES COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHLOSS, ROBERT M.	2.2 NAME	
STREET ADDRESS	RT 2 8730 E HAINES COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(k), 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:

Robert M. Schloss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT M. SCHLOSS

2-15-95

901 3441284

Date

System Number