

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000007800 (4)**

1. Corporation Name:

PREMIERE DRYWALL, INC.

Principal Place of Business:

**350 BUSINESS PARKWAY
#107
ROYAL PALM BEACH FL 33411**

Mailing Address:

**350 BUSINESS PARKWAY
#107
ROYAL PALM BEACH FL 33411**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:

02/01/1993

3a. Date of Last Report:

06/17/1994

4. FEI Number:

65-0360720

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 1227 Arapaho St

2a. Mailing Address:

26 1227 Arapaho St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State:

23 Jupiter FL

27 City & State:

28 Jupiter FL

24 Zip:

3 3458

Country:

US

29 Zip:

3 3458

Country:

US

9. Name and Address of Current Registered Agent:

**WARD, ROY
1227 ARAPAHO STREET
JUPITER FL 33458**

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 of Agent, printed name of registered agent, printed name of corporation)

(Signature of Registered Agent, printed name of registered agent, printed name of corporation)

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	WARD, ROY M.
STREET ADDRESS	1227 ARAPAHO ST.
CITY, ST, ZIP	JUPITER FL
TITLE	DVT
NAME	DENNE, BUNGAY
STREET ADDRESS	1227 ARAPAHO STREET
CITY, ST, ZIP	JUPITER FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(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 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNE BUNGAY

5/3/95

Date

407-575282

Telephone No.