

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:43

DOCUMENT # 502121

(7)

1. Corporation Name

L & L DRYWALL, INC.

Principal Place of Business

451 BLUEBELL ROAD
VENICE FL 34293

Mailing Address

451 BLUEBELL ROAD
VENICE FL 34293

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1976

3a. Date of Last Report

03/21/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-1685024

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALDEN, LEONARD L.
451 BLUEBELL ROAD
VENICE FL 33595

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 name/office change

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ALDEN, LAWRENCE S.
STREET ADDRESS 2504 FLOWER RD
CITY - ST - ZIP VENICE FL

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE VD
NAME ALDEN, LEONARD L.
STREET ADDRESS 451 BLUEBELL ROAD
CITY - ST - ZIP VENICE FL

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE STD
NAME ALDEN, MARIE R.
STREET ADDRESS 451 BLUEBELL ROAD
CITY - ST - ZIP VENICE FL

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not contain any information that is false or misleading. I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE:

Marie R Alden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie R Alden

-7-96

813-1493-6134

Date

Telephone