

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 506745 (9)

1. Corporation Name

MELVIN DRYWALL INC.



Principal Place of Business

Mailing Address

1831 HIGH STREET  
LONGWOOD FL 32750  
US

1931 HIGH STR  
LONGWOOD FL 32750  
US

3. Date Incorporated or Qualified

07/08/1976

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 290 Reider Ave.

26 P.O. Box 1962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1679410

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

22 City & State

23 Longwood, FL 32750

24 Zip

Country

25 Seminole

27 City & State

28 Longwood, FL 32752

29 Zip

Country

30 Seminole

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELVIN, CHERYL

1931 HIGH STR

LONGWOOD FL 32750

81 Name

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

290 Reider Avenue

83

84 City

Longwood

FL

85 Zip Code

32750

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MELVIN, CHERYL

STREET ADDRESS 1931 HIGH STR

CITY - ST - ZIP LONGWOOD FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

290 Reider Ave.  
Longwood, FL 32750

TITLE ☐ DELETE

NAME MELVIN, GLEN

STREET ADDRESS 1931 HIGH STR

CITY - ST - ZIP LONGWOOD FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

290 Reider Ave.  
Longwood, FL 32750

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

200001800822

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

-04/30/96--01026--049

\*\*\*200.00

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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)(k), Florida Statutes. Further, I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-767-9009

Date

Daytime Phone

CR2E034 (12/95)