

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F57873**

(4)

1. Corporation Name

PRECISION DRYWALL, INC.

Principal Place of Business

Mailing Address

**800 E. LINTON BLVD
#204
DELRAY BEACH FL 33426**

**800 E. LINTON BLVD
#204
DELRAY BEACH FL 33444-8165**



2. Principal Place of Business

2a. Mailing Address

21 **660 E. Linton Blvd.**
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22 **Suite #206A**

27
City & State

23 **Delray Beach, Fl.**

28
City & State

Zip Country

Zip Country

24 **33444** 25 **USA**

29 **30**

3. Date Incorporated or Qualified

12/10/1981

3a. Date of Last Report

02/19/1996

4. FEI Number

65-0015503

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

**SCHIAVONE, MICHAEL
800 E. LINTON BLVD
SUITE 204
DELRAY BEACH FL 33426**

81 Name

82 **Michael A. Schiavone**
Street Address (P.O. Box Number is Not Acceptable)

83 **660 E. Linton Blvd., #206A**

84 City

Delray Beach

85 Zip Code

FL 33444

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **SCHIAVONE, MICHAEL**
STREET ADDRESS **800 E. LINTON BLVD, STE 204**
CITY-ST-ZIP **DELRAY BEACH FL 33426**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **MICHAEL A. SCHIAVONE**
1.3 STREET ADDRESS **660 E. LINTON BLVD., #206A**
1.4 CITY-ST-ZIP **DELRAY BEACH, FL. 33444**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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: **Michael A. Schiavone**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97 (561) 279-1337
Date Daytime Phone #

CR2E034 (9/96)