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Feb 17 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 # **G84916** (7)

1. Corporation Name
HOLIDAY DRYWALL, INC.

Principal Place of Business

**4635 PANORAMA DR
BOX 3287
HOLIDAY FL 34680**

Mailing Address

**4635 PANORAMA DR
BOX 3287
HOLIDAY FL 34680-0287**



3. Date Incorporated or Qualified
02/09/1984

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

59-2382932

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

**LUETH, ROBERT W.
2104 MILLSTONE DR.
NEW PORT RICHEY FL 34655**

10. Name and Address of New Registered Agent

81 Name

ROBERT W. LUETH

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

2714 DRUID PLACE

83

84 City

HOLIDAY

FL

85 Zip Code

34691

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 **DP** ☐ DELETE

NAME **LUETH, ROBERT**
STREET ADDRESS **6655 MILLSTONE DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **DV** ☐ DELETE

NAME **RENDE, MICHAEL**
STREET ADDRESS **360 WOODLAWN AVE**
CITY-ST-ZIP **BELLAIRE FL**

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 **DP** ☒ Change ☐ Addition

1.2 NAME **LUETH, ROBERT W.**
1.3 STREET ADDRESS **2714 DRUID PLACE**
1.4 CITY-ST-ZIP **HOLIDAY, FL 34691**

2.1 TITLE **DV** ☒ Change ☐ Addition

2.2 NAME **RENDE, MICHAEL W.**
2.3 STREET ADDRESS **401 FAIRVIEW RD.**
2.4 CITY-ST-ZIP **BELLAIR FL 34616**

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: **ROBERT W. LUETH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Lueth
Date Daytime Phone #

CR2E034 (9/96)