

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 # **H00647** (8)
1. Corporation Name
E&D DRYWALL, INC.



Principal Place of Business

Mailing Address

**569 PALERMO ROAD
PANAMA CITY FL 32405**

**569 PALERMO ROAD
PANAMA CITY FL 32405**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/24/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2416537

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

10. Name and Address of New Registered Agent

**DORMINEY, BARBARA M.
569 PALERMO ROAD
PANAMA CITY FL 32405**

81 Name

EDWARD M. DORMINEY

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

569 PALERMO RD

83

84 City

PANAMA CITY

FL

85 Zip Code

32405

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

Edward M. Dorminey

(Print or Registered Agent signature required when re-registering)

DATE

4/8/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DORMINEY, BARBARA M.	
STREET ADDRESS	569 PALERMO ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	MT	<input type="checkbox"/> DELETE
NAME	DORMINEY, EDWARD M	
STREET ADDRESS	569 PALERMO ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
1.1 TITLE	PRESIDENT/MANAGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME		
2.2 STREET ADDRESS		
2.3 CITY-ST-ZIP		
3.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 STREET ADDRESS		
3.3 CITY-ST-ZIP		
4.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 STREET ADDRESS		
4.3 CITY-ST-ZIP		
5.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 STREET ADDRESS		
5.3 CITY-ST-ZIP		
6.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 STREET ADDRESS		
6.3 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. 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:

Edward M. Dorminey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD M. DORMINEY

4/8/96

904-763-7448

DATE

PHONE NUMBER

CR2E034 (12/95)