

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K33160 (8)

1. Corporation Name

BOYNTON DRYWALL, INC.



Principal Place of Business

Mailing Address

~~2404 NE 3RD ST~~  
BOYNTON BEACH FL 33433-2109

~~2404 NE 3RD ST~~  
BOYNTON BEACH FL 33433-2109

LAKE WORTH, FL 33467

LAKE WORTH, FL 33467

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

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLEZ, LUPE

~~2404 NE 3RD ST~~  
BOYNTON BEACH FL 33436

5243 1st Road  
LAKE WORTH, FL 33467

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CHARLEZ, ANTONIO, JR.

STREET ADDRESS ~~2404 NE 3RD ST~~ 5243 1st Road

CITY - ST - ZIP BOYNTON BEACH FL LAKE WORTH, FL 33467

TITLE STD ☐ DELETE

NAME CHARLEZ, LUPE

STREET ADDRESS ~~2404 NE 3RD ST~~ 5243 1st Road

CITY - ST - ZIP BOYNTON BEACH FL LAKE WORTH, FL 33467

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Lupe Charley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Aug. 2 - 96 341-968-8669

CR2E034 (3/96)