

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10743 (7)
1. Corporation Name
WELLINGTON DRYWALL OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address
DAVID J. LEPACH DAVID J. LEPACH
1685 EE WILLIAMSON ROAD 1685 EE WILLIAMSON ROAD
LONGWOOD FL 32779 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/17/1989 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2964364 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

2. Principal Place of Business 2a. Mailing Address
21 152 Baywood Ave 26 152 Baywood Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Longwood, FL 28 Longwood, FL
Zip 24 32750 25 Seminole 29 32750 30 Seminole

9. Name and Address of Current Registered Agent

LEPACH, DAVID J
1685 EE WILLIAMSON ROAD
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 152 Baywood Ave
84 City Longwood FL 85 Zip Code 32750

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEPACH, DAVID J
STREET ADDRESS 1685 EE WILLIAMSON RD
CITY - ST - ZIP LONGWOOD FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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NAME
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CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 152 Baywood Ave
14 CITY - ST - ZIP Longwood, FL 32750
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE ☐ Change ☐ Addition
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 190.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

April 24, 1995 834-6767
407
(Typed Name)