

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

**APPROVED
AND
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95 APR 25 AM 9:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Gordon B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L91949 (2)

1. Corporation Name

JOHN F. VIOLKA DRYWALL CO., INC.

Principal Place of Business

Mailing Address

**1119 ANAHEIM STREET
PORT CHARLOTTE FL 33953-8690**

**1119 ANAHEIM STREET
PORT CHARLOTTE FL 33953-8690**

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VIOLKA, JOHN F.
1119 ANAHEIM STREET
PORT CHARLOTTE FL 33953**

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 title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	VIOLKA, JOHN F	1.2 NAME	
STREET ADDRESS	1119 ANAHEIM ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	PT CHARLOTTE FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	VIOLKA, NANCY	2.2 NAME	
STREET ADDRESS	5225 BOYLE TERR	2.3 STREET ADDRESS	
CITY - ST - ZIP	PT CHARLOTTE FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	VIOLKA, JANOS	3.2 NAME	
STREET ADDRESS	5225 BOYLE TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PT CHARLOTTE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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 registered 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. VIOLKA

John F. Violka

3/1/95 8:13:629-9993

DATE (Day/Month/Year)