

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 # **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**

3. Date Incorporated or Qualified
07/18/1990

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 1119 Anaheim St

Suite, Apt. #, etc.

22

23 Port Charlotte FL

24 33953-8690

25 Charlotte

2a. Mailing Address

26 1119 Anaheim St

Suite, Apt. #, etc.

27

28 Port Charlotte FL

29 33953-8690

30 Charlotte

4. FEI Number

65-0241454

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

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **VIOLKA, JOHN F**
STREET ADDRESS **1119 ANAHEIM ST**
CITY - ST - ZIP **PT CHARLOTTE FL**

TITLE **ST** ☐ DELETE

NAME **VIOLKA, NANCY**
STREET ADDRESS **5225 BOYLE TERR**
CITY - ST - ZIP **PT CHARLOTTE FL**

TITLE **VP** ☐ DELETE

NAME **VIOLKA, JANOS**
STREET ADDRESS **5225 BOYLE TERRACE**
CITY - ST - ZIP **PT CHARLOTTE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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:

John F. Violka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F Violka President 4/10/96
Date

CR2E034 (12/95)