

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # ~~P03000141679~~ *JK*

1. Entity Name
E.L. DUNCAN DRYWALL, INC.



FILED
05 OCT 20 PM 2:53
SEAL
TALLAHASSEE, FLORIDA

Principal Place of Business
6517 RENEE CIRCLE
MILTON, FL 32583

Mailing Address
6517 RENEE CIRCLE
MILTON, FL 32583

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

10072005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

92-0197842

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNCAN, E.L.
6517 RENEE CIRCLE
MILTON, FL 32583

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

E.L. Duncan
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-15-05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DUNCAN, E.L.
STREET ADDRESS 6517 RENEE CIRCLE
CITY-ST-ZIP MILTON, FL 32583

TITLE VP ☐ Delete
NAME DUNCAN, RUSSELL
STREET ADDRESS 6517 RENEE CIRCLE
CITY-ST-ZIP MILTON, FL 32583

TITLE S ☒ Delete
NAME HUTCHING, DARRYL
STREET ADDRESS 6517 RENEE CIRCLE
CITY-ST-ZIP MILTON, FL 32583

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 500060820235
STREET ADDRESS 10/20/05--01041--013 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E.L. Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-05

Date

850-623-4944

Daytime Phone #