

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000048827 (8)

1. Corporation Name

SKYLINE DRYWALL INCORPORATED

Principal Place of Business

5356 SKYLINE PLACE
SARASOTA FL 34232

Mailing Address

5356 SKYLINE PLACE
SARASOTA FL 34232



2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DURBIN, TIMOTHY L
5356 SKYLINE PLACE
SARASOTA FL 34232

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 607.0915 and 607.1504, 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 607.091, Florida Statutes.

SIGNATURE

Signature of person authorized to change the registered office or agent

Signature of person authorized to change the registered office or agent

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
DURBIN, TIMOTHY L
5356 SKYLINE PLACE
SARASOTA FL 34232

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
DURBIN, DEBRA A
5356 SKYLINE PLACE
SARASOTA FL 34232

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption statement 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 a trustee, partner, or proprietor of a partnership report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change is, or on an attachment with an address.

SIGNATURE:

Debra A Durbin VP Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified

07/06/1993

3a. Date of Last Report

04/27/1995

4. FLE Number

65-0424551

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

10. Name and Address of New Registered Agent

CR2E034 (12/95)