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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000003533 (4)

1. Corporation Name
DUNRITE DRYWALL, INC.



Principal Place of Business
806 GARDEN SIDE COURT
LEHIGH ACRES FL 33936

Mailing Address
806 GARDEN SIDE COURT
LEHIGH ACRES FL 33936-7008

3. Date Incorporated or Qualified 01/07/1994
3a. Date of Last Report 02/13/1996

2. Principal Place of Business 2a. Mailing Address
21 17600-2 ROCKEFELLER CIR. 26 17600-2 ROCKEFELLER CIR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 FT. MYERS, FL. 33912 27 FT. MYERS, FL. 33912
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number 65-0461690
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

10. Name and Address of New Registered Agent

SMITH, CHARLES E
806 GARDEN SIDE COURT
LEHIGH ACRES FL 33936

81 Name CHARLES E. SMITH
82 Street Address (P.O. Box Number is Not Acceptable)
17600-2 ROCKEFELLER CIR.
83 FT. MYERS, FL. 33912
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHARLES E	1.2 NAME	
STREET ADDRESS	806 GARDEN SIDE COURT	1.3 STREET ADDRESS	17600-2 ROCKEFELLER CIR.
CITY-ST-ZIP	LEHIGH ACRES FL 33936	1.4 CITY-ST-ZIP	FT. MYERS, FL. 33912
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NANCY L	2.2 NAME	
STREET ADDRESS	806 GARDEN SIDE COURT	2.3 STREET ADDRESS	17600-2 ROCKEFELLER CIR.
CITY-ST-ZIP	LEHIGH ACRES FL 33936	2.4 CITY-ST-ZIP	FT. MYERS, FL. 33912
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles E. Smith, President 2-28-97 (941) 482-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)