

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000053454 (2)

1. Corporation Name

SUMMERS DRYWALL, INC.



Principal Place of Business

801 SOUTH KEENE ROAD  
CLEARWATER FL 34616

Mailing Address

801 SOUTH KEENE ROAD  
CLEARWATER FL 34616

3. Date Incorporated or Qualified  
07/15/1994

3a. Date of Last Report  
06/07/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3260410

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

SUMMERS, PAUL A  
801 SOUTH KEENE ROAD  
CLEARWATER FL 34616

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 or secretary, if applicable

if FILE Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

|                |                 |  |
|----------------|-----------------|--|
| TITLE          | P               | <input checked="" type="checkbox"/> DELETE |
| NAME           | SUMMERS, PAUL A |  |
| STREET ADDRESS | 801 S KEENE RD  |  |
| CITY-ST-ZIP    | CLEARWATER FL   |  |
| TITLE          |                 | <input type="checkbox"/> DELETE            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input type="checkbox"/> DELETE            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input type="checkbox"/> DELETE            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input type="checkbox"/> DELETE            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |

|   |  |
|---|--|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.1 TITLE   | P.   |
| 1.2 NAME  | Manochehr Roohi Broudjeny  |
| 1.3 STREET ADDRESS                                    | 5300 W. Cypress St. # 261  |
| 1.4 CITY-ST-ZIP                                       | Tampa, FL 33607  |
| 2.1 TITLE   | V.P.   |
| 2.2 NAME  | Paul A. Summers  |
| 2.3 STREET ADDRESS                                    | 801 S. Keene Road  |
| 2.4 CITY-ST-ZIP                                       | Clearwater, FL   |
| 3.1 TITLE   | S.T.   |
| 3.2 NAME  | Karen Riddle   |
| 3.3 STREET ADDRESS                                    | 2108 Alder Way   |
| 3.4 CITY-ST-ZIP                                       | Brandon, FL  |
| 4.1 TITLE   | V.P.   |
| 4.2 NAME  | Parisa Yazdani   |
| 4.3 STREET ADDRESS                                    | 5300 W. Cypress St. # 261  |
| 4.4 CITY-ST-ZIP                                       | Tampa, FL 33607  |
| 5.1 TITLE   |  |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   |  |
| 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 this corporation or the duly authorized agent 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 as changed, on an addition, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7

6/20/96

(813) 4436570

CR2E034 (12/95)