

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MURPHY
GOVERNOR
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
90 MAY 11 1995
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000066177 (4)**

1. Corporate Name

CARPENTER'S DRYWALL, INC.

Principal Place of Business
**3232 NW 107 DRIVE
SUNRISE FL 33351**

Agent's Address
**3232 NW 107 DRIVE
SUNRISE FL 33351**

DO NOT WRITE IN THE SPACE

3. Date Incorporation or Qualification **09/06/1994** 3a. Date of Last Report

4. FEI Number **650516015** 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 adopted, as its governing law, Chapter 6, 1993 F.S. Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21. **7368 NW 34 street**
22. Suite, Apt. # etc.
23. **LAUDERHILL, FLORIDA**
24. **33319**
25. **Broward**
26. Mailing Address
27. **7368 NW 34 street**
28. Suite, Apt. # etc.
29. **LAUDERHILL, FL.**
30. **33319 Broward**

9. Name and Address of Current Registered Agent

**CARPENTER, DAVID F
3232 NW 107 DRIVE
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81. Name **DAVID F. CARPENTER**
82. Street Address (P.O. Box Number is Not Acceptable) **7368 NW 34 street**
83. City **LAUDERHILL** **FL** 85. Zip Code **33319**

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the place indicated herein, 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 a resident of the State of Florida.

Signature of David F. Carpenter, DAVID F. CARPENTER

4/29/95

12. OFFICERS AND DIRECTORS
1. NAME **D CARPENTER, DAVID F**
2. STREET ADDRESS **3232 NW 107 DRIVE**
3. CITY **SUNRISE FL 33351**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:
1. NAME **Director CARPENTER, DAVID F.**
2. STREET ADDRESS **7368 NW 34 street**
3. CITY **LAUDERHILL, FL 33319**

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not comply with the reporting requirements of the Florida Statutes, Chapter 6, 1993 F.S. I understand that the information indicated on this form is part of a Supplemental Annual Report of the corporation and that my signature shall be a true and correct statement of the information indicated on this form. I understand that the information indicated on this form is part of a Supplemental Annual Report of the corporation and that my signature shall be a true and correct statement of the information indicated on this form. I understand that the information indicated on this form is part of a Supplemental Annual Report of the corporation and that my signature shall be a true and correct statement of the information indicated on this form.

SIGNATURE: **David F. Carpenter, DAVID F. CARPENTER** 4/29/95 (305) 572-4586