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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPAREMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000093593 (9) **DOCUMENT #** 

M&M DRYWALL OF SARASOTA, INC.  Principal Place of Business Mailing Address  4559 TRAILS DR. 4559 TRAILS DR. SARASOTA FL 34232										
						12/28/			te of Last <b>05/01/1</b>	
21 6727	ace of Business  Ave. C	2a. Mailing Address 26 6727 Av	<b>├</b> ,			4. FEI Number 65-0550569				Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	1			5. Certificate of	of Status Desired			75 Additional e Required
City & Stale 23 Sarasota, FL		City & State 28 Sarasot	ota, FL				mpaign Financing Contribution		•	00 May Be
Zip 3423	20	7:p 29 34231	30 L	itry JSA		8. This corporation has liability for intangible tax under s 199.032 Florida Statutes 🔣 Yes 🔲 No				s 199.032
	9. Name and Address of Cur	rent Registered Agent				10. Name and	Address of New I	Registered	Agent	
DAVIS, MICHAEL D					Name Street Address (P.O. Box Number is Not Acceptable)					
	Rails dr. Ota fl 34232		Į	00						
SAMO	JIN FL 34232			6727		ve. C				
				84 City	raso	t a		FI		Zip Code 34231
familiar wit	o the provisions of Sections 607.0 ed agent or both, in the State of F h, and accept the obligations of S	ionda, Sagri Change was author ection 607.0505, Florida Statuti	ites, the abovized by the ces	ve hamed orporation	Leorporation's board c	on submits this s of directors. The	statement for the pureby accept the app	rpose of croontment a	and the state	Secretary and a first
12.				right and let	The second second		/CHANGES TO OFF		D DIBECT	ORS IN 12
TITLE	PVTS	☐ DELETE	1 1 Tr	1 1 Ti'lf D					Change	
NAME	DAVIS, MICHAEL D			1.2 NAME						
STREET ADDRESS	4559 TRAILS DR. SARASOTA FL		1 3 S18	REET ADDRES		27 Ave.	_			
Crty+ST+ZiP Title	SANASOIA FL	C Street		Y ST ZIF	Sar	rasota,	FL 342			
NAME			2 1 1 1					Change	: 🔲 Addition	
STREET ADDRESS			2.2 NAME 2.3 STREET ADORESS							
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TITLE	·		2 4 CIT 3 1 III	Y-ST-ZIF		··			Change	
NAME		_1 5000	3 2 NAI						Chalge	Add-tion

6 4 C(TY - ST - Z(F 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 early that I am an officer or director of the corporation or the receiver or trustee en powered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on as attachings with an address. Michael D. Davis

3.3 STREET ADDRESS

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34 CITY - ST - ZIP

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4.2 NAME

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5.2 NAME

6 1 T-TLE

6.2 NAME

SIGNATURE:

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