

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000009405 (8)

1. Corporation Name

A & A DRYWALL OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

2332 DUNN AVE
JACKSONVILLE FL 32218

2332 DUNN AVE
JACKSONVILLE FL 32218

3. Date Incorporated or Qualified

02/03/1995

3a. Date of Last Report

2. Principal Place of Business

21 2334 Dunn Ave.

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL

24 Zip 32218

25 Country USA

2a. Mailing Address

26 2334 Dunn Ave.

Suite, Apt. #, etc.

27 City & State

28 Jacksonville, FL

29 Zip 32218

30 Country USA

4. FEI Number

59-3292255

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

ARIAIL, WALDO W
2332 DUNN AVE
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name

Waldo W. Ariail

82 Street Address (P.O. Box Number is Not Acceptable)

11453 Elaine Drive

83

Jacksonville, FL

84

City

FL

85

Zip Code

32218

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

TITLE PT
NAME Ariail, Waldo W.
STREET ADDRESS 11453 Elaine Drive
CITY-ST-ZIP Jacksonville, FL 32218

☐ DELETE

TITLE VP
NAME Ariail, Craig A.
STREET ADDRESS 6579 Ramoth Drive
CITY-ST-ZIP Jacksonville, FL 32226

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Waldo W. Ariail,

(904)751-6706

Date

Daytime Phone #

CR2E034 (12/95)