

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 09 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 # P95000026485 (9)**

1. Corporation Name

**STARLING'S DRYWALL, INC.**

Principal Place of Business

**911 N. GRANDVIEW ST.  
MT. DORA FL 32757**

Mailing Address

**911 N. GRANDVIEW ST.  
MT. DORA FL 32757-4917**



3. Date Incorporated or Qualified

**03/30/1995**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-3309614**

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

2. Principal Place of Business

**21 24614 Shetland Tr**

2a. Mailing Address

**26 24614 Shetland Tr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Sorrento FL 32776**

City & State

**28 Sorrento FL 32776**

Zip

Country

Zip

Country

**24 32776 25 LAKE**

**29 32776**

**30 LAKE**

9. Name and Address of Current Registered Agent

**STARLING, KENNETH W  
911 N. GRANDVIEW ST.  
MT. DORA FL 32757**

10. Name and Address of New Registered Agent

81 Name

**Kenneth Starling**

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

**24614 Shetland Tr**

83

84 City **Sorrento**

**FL**

85 Zip Code

**32776**

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 *Kenneth W Starling*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-18-97**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **STARLING, KENNETH W**  
STREET ADDRESS **911 N. GRANDVIEW ST.**  
CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **D** ☒ DELETE

NAME **STARLING, DEBORAH E**  
STREET ADDRESS **911 N. GRANDVIEW ST.**  
CITY-ST-ZIP **MT. DORA FL 32757**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Kenneth W Starling**  
1.3 STREET ADDRESS **24614 Shetland Tr**  
1.4 CITY-ST-ZIP **Sorrento FL 32776**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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: *Kenneth W Starling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/97**

**352-383-1636**

Date

Daytime Phone #

CR2E034 (9/96)