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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000030939 (9) DOCUMENT #

1. Corporation Name

DESIGN STUCCO & DRYWALL, INC.

ł	Principal Place of Business	Mailing Address	
	3231 13TH AVE SW	3231 13TH AVE SW	
	NAPLES FL 33964	NAPLES FL 33964	



N	IAPLES FL 33964		NAPLES FL 33964				1					
							3. Date Inco 04/17	rporated or /1995	Oualified	3a. Date o	of Las	l Report
2.	Principal Place of Business	2a	Mailing Address				4. FEI Numb	per		h	$\top$	Applied For
1			5				65-0571038					Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate	of Status D	esired	\$8.75 Additional Fee Required			
3	City & State	28	City & State				1		_	[]		
	Zip Country	29	Zip		ntry		1				unde	rs 199.032.
<b>.</b>		15.5.1					10. Name ar	nd Address	of New Re	gistered A	gent	
	NORRIS, DOUGLAS 3231 13TH AVE SW				81 82	Name Street Addre	ss (P.O. Box No	umber is Not	Acceptable	е)		
	NAPLES FL 33964	City & State  Ci										
					84	City			·····	FL	85	Zip Code
11.	<ul> <li>Pursuant to the provisions of Sections 607.050 or registered agent, or both, in the State of Flo familiar with, and accept the obligations of, Sec</li> </ul>	nda Suc	h change was authorized.	the abo	ove-r	named corpora oration's board	ition submits thi d of directors. I l	s statement hereby acce	for the purp of the appo	oose of chan intment as r	ging i egiste	ts registered office red agent. I am
SiG	SIgnature, typed or princed name of registered ago		AME	Boolstone	Agen	I signature required	uden renelation)			DATE		
12.				13.		a signature inquired		VS/CHANGE	S TO OFFI		DIREC	TORS IN 12
12.	. OFFICENS A	AD DIVE	Dougt	1								ne (se Addition

SIGNATURE _	Ignature, typed or printed name of registered agent and title if applicable (NOTE: R	lagistered Agent signature re	dates well to out and	ATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	☐ DELETE	1 1 TITLE	President	Change	Addition
NAME		1.2 NAME	Douglas Norris		
STREET ADDRESS		1.3 STREET ADDRESS	3231 13th Avenue SW		
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Naples, F1 33964		
TITLE	☐ DELETE	2. 1 TITLE	Vice-President	Change	Addition
NAME		2 2 NAME	Joshua Bailey		
STREET ADDRESS		2 3 STREET ADDRESS	796 100th Avenue North		
CITY-ST-ZIP		2 4 CITY - ST - ZIP	Naples, FL 33963		
TITLE	☐ DELETE	3. 1 TITLE	Secretary	Change	X Addition
NAME		3.2 NAME	Fred Kight		
STREET ADDRESS		3.3. STREET ADDRESS	371 4th Avenue NE		
CITY-ST-ZIP		3.4 CHTY - ST - ZIP	Naples, F1 33964	· · · · · · · · · · · · · · · · · · ·	
TITLE	DELETE	4. 1 TITLE		Change	■ Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			
TITLE	☐ DELETE	5. 1 TITLE		☐ Change	Addition
NAME		5 2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CHTY-ST-ZIP	<u></u>	5 4 CITY-ST-ZIP			
TITLE	☐ DELETE	6 1 TITLE		Change	Addition
NAME		62 NAME			

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 logal 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 13 if changed, or on an attachment with an address.

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR