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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 13 1997 8:00am

Secretary of State

Change

Addition

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000061271 (8)

ENTERPRISE DRYWALL, INC.

Principal Place of Business Mailing Address P.O. BOX 1610 THONOTOSASSA FL 33592 P.O. BOX 1610 THONOTOSASSA FL 33592-1610 3. Date Incorporated or Qualified 3a. Date of Last Report 07/22/1996 N/A 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3392570 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 ☐ Yes ☐ No Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MESSER, MITCH JR. 12526 LEM SIMMONS ST. **B2** Street Address (P.O. Box Number is Not Acceptable) THONOTOSASSA FL 33592 83 City 84 85 Zip Code 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 agont and talle if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) President DELETE Change TITLE 1.1 1016 Addition mitch Messer, Jr. NAME 1.2 NAME 12526 Lem Simmons St. STREET ADDRESS 1.3 STREET ADDRESS Thonotosassa, Fl. 33592 CITY-ST-ZIP 1.4 CHTY-ST-ZIP Vice-President DELETE Change Addition TITLE 2.1 TITLE Robin A. Messer NAME 2.2 NAME 12526 Lem Simmons St. STREET ADDRESS 2.3 STREET ADDRESS Thonotosassa, Fl. 33592 CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAMÉ STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS

54 CITY-ST-ZIP

**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.

6.1 TITLE

6.2 NAME

DELETE