

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000076696**

1. Corporation Name

AMERICAN DRYWALL OF SARASOTA, INC.

Principal Place of Business

**355 MACARTHUR AVE.
SARASOTA FL 34276**

Mailing Address

**355 MACARTHUR AVE.
SARASOTA FL 34276**

2. Principal Place of Business

21 1309 MANGO AVE.

Suite, Apt. #, etc.

22

City & State **Venice, FL**

Zip Country **34292 USA**

24

2a. Mailing Address

26 1309 MANGO AVE

Suite, Apt. #, etc.

27

City & State **Venice, FL**

Zip Country **34292 USA**

29

9. Name and Address of Current Registered Agent

**O'CONNOR, MARY
7732 37TH ST E
SARASOTA FL 34243**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1996

4. FEI Number

65-0698966

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Christy Banach

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

1309 Mango Ave.

84 City

Venice

85 Zip Code

FL 34292

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 **Christy Banach** **Christy Banach** **8-20-99**
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 **VTD** ☒ DELETE

NAME **BULL, WILFRED**
STREET ADDRESS **355 MACARTHUR AVE.**
CITY-ST-ZIP **SARASOTA FL 34276**

TITLE **PSD** ☒ DELETE

NAME **O'CONNOR, MARY**
STREET ADDRESS **355 MACARTHUR AVE.**
CITY-ST-ZIP **SARASOTA FL 34276**

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 **PST/D** ☐ Change ☒ Addition

1.2 NAME **Anthony J. Banach IV**
1.3 STREET ADDRESS **1309 Mango Ave**
1.4 CITY-ST-ZIP **Venice, FL 34292**

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 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:

Anthony J. Banach IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-99
Date Daytime Phone #

FILED
Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90001 010 ***558.75



CR2E034 (5/99)