

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 2:04

DOCUMENT # S26306 (8)

1. Corporation Name

W.M. DRYWALL INC.

Principal Place of Business

Mailing Address

4044 NW 19 ST
APT 101
LAUDERHILL FL 33313
US

4044 NW 19 ST
APT 101
LAUDERHILL FL 33313
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/18/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0243271

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

2a. Mailing Address

21 4044 NW 19 ST

25 4044 NW 19 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT 101 G

27 APT 101 G

City & State

City & State

23 LAUDERHILL, FL

28 LAUDERHILL, FL

Zip

Country

Zip

Country

24 33313

25 US

29 33313

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORIN, WELLY
4044 NW 19 ST
APT 101G
LAUDERHILL FL 33313

01 Name

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

03

04 City

FL

05

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 agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DAB

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MORIN, WELLY
STREET ADDRESS	4044 NW 19 101G
CITY-ST-ZIP	LAUDERHILL FL
TITLE	SD
NAME	ROUILLIER, DENISE
STREET ADDRESS	4044 NW 19 101G
CITY-ST-ZIP	LAUDERHILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 632, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Denise Rouillier DENISE ROUILLIER 1-30-95 305-920-9426

(Signature and typed or printed name of signing officer or director)