

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

APPROVED
AND
FILED

SEP 17 - 1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V14529

(4)

1. Corporation Name:

D & S COMPLETE DRYWALL, INC.

Principal Place of Business:

10500 SPRING HILL DRIVE
SPRING HILL FL 34608

Mailing Address:

10500 SPRING HILL DRIVE
SPRING HILL FL 34608-5046
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3107263

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. Does corporation have liability for interjurisdictional tax under 5-100-022?

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21. 11036 Spring Hill Dr.

2a. Mailing Address

26. 10500 Spring Hill Dr.

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

Spring Hill FL

28. City & State

Spring Hill FL

24. Zip

34608

29. Zip

34608

30. Country

US

9. Name and Address of Current Registered Agent

DEMARIA, JAMES, W.
15641 DONZI DR.
HUDSON FL 34667

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. City

FL

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 of Registered Agent (Print Name, Title, Address, and Phone Number)

Signature of Registered Agent (Print Name, Title, Address, and Phone Number)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	DEMARIA, JAMES W.
STREET ADDRESS	10500 SPRING HILL DR
CITY, ST, ZIP	SPRING HILL FL
TITLE	ST
NAME	DEMARIA, JAMES W.
STREET ADDRESS	10500 SPRING HILL DR
CITY, ST, ZIP	SPRING HILL 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 110.07(1)(b), Florida Statutes. Further, I 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 member 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-38-95

Date

Signature Page #