

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # V45192 (4)**

1. Corporation Name

**G & H DRYWALL, INC.**



Principal Place of Business

**542 NW KINGSTON STREET  
PORT ST LUCIE FL 34983**

Mailing Address

**542 NW KINGSTON STREET  
PORT ST LUCIE FL 34983**

3. Date Incorporated or Qualified  
**06/19/1992**

3a. Date of Last Report  
**04/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1614 S.E. Washington St**

26 **1614 SE Washington St**

4. FEI Number  
**65-0333213**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **5**

27 **—**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Stuart FL**

28 **Stuart FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **34997**

25 **Martin**

29 **34997**

30 **Martin**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRENIER, SUZANNE C.  
542 NW KINGSTON STREET  
PORT ST. LUCIE FL 34983**

81 Name

**Mary Higdon**

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

**1614 SE Washington St**

83

84 City

**Stuart**

**FL**

85 Zip Code

**34997**

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

**Mary C Higdon** **Mary C Higdon** **Treasurer**

Signature, typed or printed name of registered agent and the applicable fee

Signature, typed or printed name of registered agent and the applicable fee

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **HIGDON, DANIEL**  
STREET ADDRESS **1614 SE WASHINGTON**  
CITY-ST-ZIP **STUART FL**

TITLE **D** ☐ DELETE  
NAME **GRENIER, YVON**  
STREET ADDRESS **542 NW KINGSTON STREET**  
CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE **DS** ☐ DELETE  
NAME **GRENIER, SUZANNE C**  
STREET ADDRESS **542 NW KINGSTON ST.**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

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 **Treasurer** ☐ Change ☒ Addition  
1.2 NAME **Mary Higdon**  
1.3 STREET ADDRESS **1614 SE Washington St**  
1.4 CITY-ST-ZIP **Stuart FL 34997**

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 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 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:

**Mary Higdon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/96 (407) 620-8785**

Daytime Phone #

CR2E034 (12/95)