

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V60272 (4)
1. Corporation Name
DISTINCTIVE DRYWALL, INC.

Principal Place of Business Mailing Address
~~22883D TOP RD
MAGLENNY RD 32218
US~~ ~~29 RED TOP RD
MAGLENNY FL 32061
US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/24/1992** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-3141531** 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**
6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2190 SOFTWIND TRAIL W.** 26 **2190 SOFTWIND TRAIL W.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 **JACKSONVILLE, FLORIDA**
23 **JACKSONVILLE, FLORIDA** 28 **JACKSONVILLE, FLORIDA**
Zip Country Zip Country
24 **32224** 25 **USA** 29 **32224** 30 **USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
LANIER, W D
~~3433 CECERY BLVD
JACKSONVILLE FL 32211~~
81 Name **W.D. LANIER**
82 Street Address (P.O. Box Number is Not Acceptable)
10909 ATLANTIC BLVD., SUITE 13
83
84 City **JACKSONVILLE** 85 Zip Code **FL 32225**

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 obligation of, Section 607.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVITO, MICHAEL F	1.2 NAME	
STREET ADDRESS	23 RED TOP RD MAGLENNY FL	1.3 STREET ADDRESS	2190 SOFTWIND TRAIL W.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32224
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVITO, DIANNE J	2.2 NAME	
STREET ADDRESS	23 RED TOP RD MAGLENNY FL	2.3 STREET ADDRESS	2190 SOFTWIND TRAIL W.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32224
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: **MICHAEL F. DEVITO** *[Signature]* Date **4/25/95** Digital Filing # **2200076**