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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

483709

(2)

DOCUM 1. Corporation I		09 (2	2)			
•	STRIAL PAINTING CORPO	RATION				
Principal Place of Business Mailing Address						
TUSKENOOGEE ROAD P.O. BOX 541 LAKE CITY FL 32056-7541		TUSKENOOGEE P.O. BOX 541	TUSKENOOGEE ROAD		Date Incorporated or Qualified	3a. Date of Last Report
					09/02/1975	04/27/1995
2. Principal Plac	ce of Business	2a. Mairing Address 26	Mairing Address		4. FEI Number 59-1616815	Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		Gity & State	City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country		Zip	Zip Country		8. This corporation has liability for i	
24	25 29		30	0 Florda Statutes Yes ☐ No 10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New H	egistered Agent
DI NE O	n unou i			1		
	r., Hugh A. Noogee road		,	82 Street Ad	fdress (P.O. Box Number is Not Acceptab	ile;
	CITY FL 32055		ļ	83		
DAKE C	ALL LE DECON		-	84 City		<b>85</b> Zip Code
				'		FL     1
or registere	o the provisions of Sections 607.050 id agent, or both, in the State of Flo in, and accept the obligations of, Sec	rida. Such change was aut	thorized by the o	re named con orporation's b	ioration submits this statement for the pur pard of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered age	and the Children of Laurelle Ships	Notific Expedience	A. rent sumature reco	ined when her stating.	DAIL
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	ST	DELETE	1. 1 Til	TLE		Change Addition
NAME	BUIE, HUGH A.	1.2		MF		
STREET ADDRESS	100121100022 11012		1.3.811	REET ADDRESS		İ
CITY-ST-ZIP	LAKE CITY FL			Y - ST - ZIP		Character Edition
THILE	P	l bread		TLE .		Change  Addition
NAME	DOIL ON, TOGET TO		22 NA	1		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE	LAKE CITY FL			!LE		Crange Addition
NAME			3 2 NA			
STREET ADDRESS				HEET ACORESS		
CITY - ST - ZIP			3 4 CI	Y-SI-ZIP		
TITLE	☐ DELETE		4 1 31	TLF		☐ Change ☐ Addition
NAME			4.2 NA	Mé		
STREET ADDRESS			43.51	REEL ADDRESS		
CHTY-ST-ZIP				TY-ST-ZiP		Channe
TITLE		DEL ETE				Change 🔲 Addition
NAME			5.2 NA	ĺ		
STREET ADDRESS				HEE! ACORESS		
CITY-ST-ZIP				1Y+\$1-ZIP		Change Add-tion
TITLE			6 1 To 6 2 NA			
NAME STREET ADDRESS			•	REET ADDRESS		
CITY-ST-ZIP				TY - ST - ZIP		
14. I do hereb	L y certify that the information supplie	d with this filing is voluntari	ly furnished and	does not quali	fy for the exemption stated in Section 119	9.07(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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes, and that my name appears in Block 12 or Block 13 it changed or on an attachment with an address.

SIGNATURE:

4.20-96 Bar 904.752.2783