FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 483709

Name

INDUSTRIAL PAINTING CORPORATION

FILED
10 APR 19 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note:

Principal Place of Business	Mailing Address
TUSKENOOGEE ROAD LAKE CITY FL 32056	P. O. BOX 541 LAKE CITY FL 32056-0541

CORRECTIONS

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2222 SW TUSTENUGGEE AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip: 32025 / Country	Zip / Country

4. FEI Number: 59-1616815 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUIE, H A JR 138 SE FAWN GLEN LAKE CITY FL 32025	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUIE, HUGH A		NAME	
STREET ADDRESS	P.O. BOX 541		STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32056		CITY-ST-ZIP	
TLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
ME	BUIE, HUGH A JR		NAME	
REET ADDRESS	P.O. BOX 541		STREET ADDRESS	200176591272
Y-ST-ZIP	LAKE CITY FL 32056		CITY-ST-ZIP	04/20/10--01031--017 **150.00
LE		☐	TITLE	☐ Change ☐ Addition
ME			NAME	
EET ADDRESS			STREET ADDRESS	
-ST-ZIP			CITY-ST-ZIP	
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			NAME	
ET ADDRESS			STREET ADDRESS	
-ST-ZIP			CITY-ST-ZIP	
		☐ Delete	TITLE	☐ Change ☐ Addition
			NAME	
T ADDRESS			STREET ADDRESS	
ST-ZIP			CITY-ST-ZIP	DC 4/20

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with " other like empowered.

SIGNATURE: [signature] President APRIL 7 2010 386-752-2487
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #