FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 483709

Name

INDUSTRIAL PAINTING CORPORATION

FILED

11 MAY -9 PM 3:22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

TUSKENOOGEE ROAD
LAKE CITY FL 32056

Mailing Address

Note:

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

BUIE, H A JR
138 SE FAWN GLEN
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

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

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	000207472420
STREET ADDRESS	P.O. BOX 541		STREET ADDRESS	05/10/11--01028--002 **150.00
CITY-ST-ZIP	LAKE CITY FL 32056		CITY-ST-ZIP	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUIE, HUGH A JR		NAME	
STREET ADDRESS	P.O. BOX 541		STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32056		CITY-ST-ZIP	
TITLE		☐	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: [signature] President 4/27/11 386-752-2487

Date — Daytime Phone #