PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 483709

Name

INDUSTRIAL PAINTING CORPORATION

12 APR 10 PM 2:49

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

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

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

8. 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 Secretary-Treasurer ☐ 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	
TITLE	P President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUIE, HUGH A JR	NAME	700228286057
STREET ADDRESS	P.O. BOX 541	STREET ADDRESS	04/10/12--01014--011 **150.00
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: ______ President 3-8-2012 386-752-2487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

APR 11 2012

A. DUNLAP