FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:01

DOCUMENT # 741809 (8)

1. Corporation Name
TOLE AND DECORATIVE PAINTERS OF JACKSONVILLE, INC.

Principal Place of Business
12353 WOODSIDE LANE
JACKSONVILLE FL 32223

Mailing Address
12353 WOODSIDE LANE
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1978
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1795321 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 124 Alden Cir
22 Suite, Apt. #, etc.
23 City & State: St Simons Isl, Ga
24 Zip: 31522
25 Country

2a. Mailing Address
26 8493 Ruckman Ave
27 Suite, Apt. #, etc.
28 City & State: Jacksonville Fl.
29 Zip: 32221
30 Country: Duval

9. Name and Address of Current Registered Agent
THIGPEN, ROSEMARY
12353 WOODSIDE LANE
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent
81 Name: Myra Nell Dixon
82 Street Address (P.O. Box Number is Not Acceptable): 8493 Ruckman Ave
83
84 City: Jacksonville FL 85 Zip Code: 32221

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Myra Nell Dixon — Myra Nell Dixon (Note: Registered Agent signature required when reinstating) — 3/6/95 DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THIGPEN, ROSEMARY
STREET ADDRESS	12353 WOODSIDE LANE
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	VD
NAME	BAUMGARDNER, SUSAN
STREET ADDRESS	124 ALDEN CIRCLE
CITY-ST-ZIP	ST. SIMONS ISLAND GA 31522
TITLE	SD
NAME	MARTIN, JOHNEL
STREET ADDRESS	2012 BURPEE DRIVE
CITY-ST-ZIP	JACKSONVILLE FL - 32210
TITLE	TD
NAME	~~DERRICK, PAULA~~
STREET ADDRESS	~~7833 LAS PALMAS WAY~~
CITY-ST-ZIP	~~JACKSONVILLE FL 32256~~
TITLE	VD
NAME	~~WILLIAMS, DIANE~~
STREET ADDRESS	~~RT. 4, BOX 236~~
CITY-ST-ZIP	~~CALLAHAN FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Susan Baumgardner	
1.3 STREET ADDRESS	124 Alden Cir.	
1.4 CITY-ST-ZIP	St. Simons Island, Ga 31522	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	William, Diane	
2.3 STREET ADDRESS	Rt 4 Box 236	
2.4 CITY-ST-ZIP	Callahan, Fl	
3.1 TITLE	[illegible]	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	☒ Change ☒ Addition
4.2 NAME	Myra N. Dixon	
4.3 STREET ADDRESS	8493 Ruckman Ave	
4.4 CITY-ST-ZIP	Jacksonville Fl 32221	
5.1 TITLE	VD	☒ Change ☒ Addition
5.2 NAME	Lorraine Short	
5.3 STREET ADDRESS	275 Ranch Rd.	
5.4 CITY-ST-ZIP	Ponte Vedra, Fl 32082	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Baumgardner — 3/6/95 — 912 634-6488
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028908