FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **833099** **(5)**

1. Corporation Name

ELECTRO PAINTERS INCORPORATED

Principal Place of Business	Mailing Address
8533 ZIONSVILLE ROAD P.O. BOX 68678 INDIANAPOLIS IN 46268	8533 ZIONSVILLE ROAD P.O. BOX 68678 INDIANAPOLIS IN 46268

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1974
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 35-1056899 ☐ 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

8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALTERS, VICTOR
7818 PROFESSIONAL PLACE, STE 1
TAMPA FL 33637

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if agent is an officer or director of a corporation (or partner of a partnership) (New Registered Agent signature required when designated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	☐ Change ☐ Addition
12 NAME	UCHIDA, MARK D	12 NAME	
13 STREET ADDRESS	8533 ZIONSVILLE RD.	13 STREET ADDRESS	
14 CITY ST ZIP	INDIANAPOLIS IN	14 CITY ST ZIP	
21 TITLE	ST	21 TITLE	ST ☒ Change ☐ Addition
22 NAME	VAAL, A. JOSEPH	22 NAME	Uchida, Rita J.
23 STREET ADDRESS	8533 ZIONSVILLE RD.	23 STREET ADDRESS	8533 Zionsville Road
24 CITY ST ZIP	INDIANAPOLIS IN	24 CITY ST ZIP	Indianapolis, IN 46268
31 TITLE		31 TITLE	D ☐ Change ☒ Addition
32 NAME		32 NAME	Mark Harrington
33 STREET ADDRESS		33 STREET ADDRESS	8533 Zionsville Road
34 CITY ST ZIP		34 CITY ST ZIP	Indianapolis, IN 46268
41 TITLE		41 TITLE	D ☐ Change ☒ Addition
42 NAME		42 NAME	Robert Bortz
43 STREET ADDRESS		43 STREET ADDRESS	8533 Zionsville Road
44 CITY ST ZIP		44 CITY ST ZIP	Indianapolis, IN 46268
51 TITLE		51 TITLE	D ☐ Change ☒ Addition
52 NAME		52 NAME	Robert Hicks
53 STREET ADDRESS		53 STREET ADDRESS	8533 Zionsville Road
54 CITY ST ZIP		54 CITY ST ZIP	Indianapolis, IN 46268
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: Mark F. Uchida 03/17/95 (317) 875-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mark F. Uchida

0476102 FP