

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **833099** (5)

1. Corporation Name
ELECTRO PAINTERS INCORPORATED



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

3. Date Incorporated or Qualified: **09/25/1974**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **35-1056899**
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 s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **7818 Professional Place, STE 1**
83
84 City: **Tampa,** FL 85 Zip Code: **33637**

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 _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	UCHIDA, MARK D	
STREET ADDRESS	8533 ZIONSVILLE RD.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	VAAL, A. JOSEPH	
STREET ADDRESS	8533 ZIONSVILLE RD.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ST Uchida, Rita J.
2.3 STREET ADDRESS	8533 Zionsville Road
2.4 CITY-ST-ZIP	Indianapolis, IN 46268
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Mark Harrington
3.3 STREET ADDRESS	8533 Zionsville Road
3.4 CITY-ST-ZIP	Indianapolis, IN 46268
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Robert Bortz
4.3 STREET ADDRESS	8533 Zionsville Road
4.4 CITY-ST-ZIP	Indianapolis, IN 46268
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Robert Hicks
5.3 STREET ADDRESS	8533 Zionsville Road
5.4 CITY-ST-ZIP	Indianapolis, IN 46268
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or in an attachment with an address.

SIGNATURE: *Mark F. Uchida* **Mark F. Uchida - President 01/25/96 (317)875-8811**

CR2E034 (12/95)