

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90116 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 833099

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
--	--



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/25/1974	
4. FEI Number 35-1056899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WALTERS, VICTOR
7818 PROFESSIONAL PL STET 1
TAMPA FL 33637

10. Name and Address of New Registered Agent

81 Name Joseph Flanick	
82 Street Address (P.O. Box Number is Not Acceptable) Same	
83	
84 City FL	85 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 *X Joseph S. Flanick* DATE **X 4-12-99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S UCHIDA, RITA J	1.2 NAME	
STREET ADDRESS	14712 ALSONG CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P UCHIDA, MARK F	2.2 NAME	
STREET ADDRESS	8533 ZIONSVILLE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T FIERS, JOHN R	3.2 NAME	
STREET ADDRESS	8533 ZIONSVILLE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HICKS, ROBERT	4.2 NAME	
STREET ADDRESS	8533 ZIONSVILLE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Mary E. DeLong	5.2 NAME	
STREET ADDRESS	8533 Zionsville Road	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D John R. Lee	6.2 NAME	
STREET ADDRESS	8533 Zionsville Road	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE: *Joseph S. Flanick* DATE: **3-29-99** (317) 875-8811

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

CR2E034 (1/198)

X110