

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 \* AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 05 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000005916 (8)

1. Corporation Name  
 S & H PAINTING CO. OF OVIEDO INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 6205 SCHUMACHER PARK DR.  
 WEST CHESTER OH 45069-4806

Mailing Address  
 6205 SCHUMACHER PARK DR.  
 WEST CHESTER OH 45069-4806

3. Date Incorporated or Qualified  
 11/07/1997

4. FEI Number  
 31-0645974

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 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 applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DPT HOPPING, JAMES T <input type="checkbox"/> DELETE
NAME	6205 SCHUMACHER PARK DR. WEST CHESTER OH 45069-4806
TITLE	DS MARMER, MELVIN E <input type="checkbox"/> DELETE
NAME	312 WALNUT ST., STE. 1400 CINCINNATI OH 45202-4029
TITLE	V HOPPING, PATRICIA S <input type="checkbox"/> DELETE
NAME	6205 SCHUMACHER PARK DR. WEST CHESTER OH 45069-4806
TITLE	AS DANBURY, E. PEARL <input type="checkbox"/> DELETE
NAME	6205 SCHUMACHER PARK DR. WEST CHESTER OH 45069-4806
TITLE	AS MARKS, DEBRA H <input type="checkbox"/> DELETE
NAME	6205 SCHUMACHER PARK DR. WEST CHESTER OH 45069-4806
TITLE	<input type="checkbox"/> DELETE
NAME	
TITLE	<input type="checkbox"/> DELETE
NAME	
TITLE	<input type="checkbox"/> DELETE
NAME	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

SIGNATURE: Debra H. Marks, Ass't Sec., 07/09/98 513-779-7100

CR2E034 (5/98)