

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

15 APR 26 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K52227 (1)**

1. Corporation Name
HOLLYWOOD PAINT & COLOR WORKS, INC.

Principal Place of Business 14 SE HOLLYWOOD BLVD 226 S. PALAFOX FT WALTON BCH FL 32548 US	Mailing Address 14 SE HOLLYWOOD BLVD 226 S. PALAFOX FT WALTON BCH FL 32548 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/12/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2919316** 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. This corporation has liability for intangible tax under S. 100.002, Florida Statutes Yes No

2. Principal Place of Business 21 14 S. E. Hollywood Blvd.	2a. Mailing Address 28 14 S. E. Hollywood Blvd.
22 Suite Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Fort Walton Beach FL 32548	28 City & State Fort Walton Beach FL
24 Zip 32548	25 Country Okaloosa
29 Zip 32548	30 Country Okaloosa

9. Name and Address of Current Registered Agent
**WORK, E. GARY, JR
1940 ST MARY AVE
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent
81 Name **Tommy H. Harvell**
82 Street Address (P.O. Box Number is Not Acceptable) **14 S. E. Hollywood Blvd.**
83
84 City **Fort Walton Beach** FL 85 Zip Code **32548**

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 **T H Harvell, director** DATE **4/6/95**
Signature, typed or printed name of registered agent, and fee if applicable. (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WORK, E. GARY, JR 1940 ST MARY AVE PENSACOLA FL delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARVELL, TOMMY H. 14 E. HOLLYWOOD BLVD FT. WALTON BCH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D Alice M. Harvell 6772 Hwy 189 North Baker FL 32531 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **T H Harvell, Tommy H. Harvell** DATE **4/6/95** **904**
Signature, typed or printed name of signing officer or director **244-3432**