

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 # **L66662** (2)

1. Corporation Name
MASON-DIXON PAINTING, INC.



Principal Place of Business Mailing Address
P. O. BOX 327 BOCA GRANDE FL 33921 P. O. BOX 327 BOCA GRANDE FL 33921

3. Date Incorporated or Qualified **04/18/1990** 3a. Date of Last Report **07/07/1995**

21. Principal Place of Business Boca Grande	2a. Mailing Address Boca Grande	4. FEI Number 65-0212097	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. P.O. Box 327	27. Suite, Apt. #, etc. P.O. Box 327	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Boca Grande FL	28. City & State Boca Grande FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33921	25. Country U.S.	29. Zip 33921	30. Country U.S.

9. Name and Address of Current Registered Agent WINCHELL, KENNETH 14406 LILLIAN CIRCLE PT. CHARLOTTE FL 33982		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	NAME WINCHELL, KENNETH	1.1 TITLE Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14406 LILLIAN CIR.		1.2 NAME Winchell Kenneth	
CITY-ST-ZIP PT. CHARLOTTE FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 14406 Lillian Cir	
TITLE P	NAME ARMOUR, DAVID J	1.4 CITY-ST-ZIP Pt. Charlotte, FL	
STREET ADDRESS PO BOX 791 N/A	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP MURDOCK FL		2.2 NAME Rainville, Ben	
TITLE	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 7307 23rd Ave. Dr. W.	
NAME		2.4 CITY-ST-ZIP Bradenton, FL	
STREET ADDRESS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.2 NAME	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
NAME		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 if changed, or on an attachment with an address.

SIGNATURE: *Ben J Winchell* 1-22-96 813-697-1889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)