

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Candra B. Mathan  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**  
MAY 11 1995  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M85198** (3)  
1. Corporation Name  
**AAA ULTIMATE PAINTING, INC.**

Principal Place of Business: **2500 PLANTATION DRIVE MELBOURNE FL 32901**  
Mailing Address: **2500 PLANTATION DRIVE MELBOURNE FL 32901**

2. Principal Place of Business: **21** 2a. Mailing Address: **26** **835 CORNELIA AVE S E**  
State: **22** **FL** City, & State: **27** **PALM BAY, FL**  
Zip: **24** **32909** **25** **32909** **29** **32909** **30**

3. Date of Incorporation: **06/13/1988** 3a. Date of Last Report: **04/28/1994**  
4. FID Number: **59-2925743** Agreed 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**  
8. This corporation has liability for corporate tax under the 1993 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WATERS, SCOTT  
2500 PLANTATION DRIVE  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent  
B1 Name: **WATERS, SCOTT**  
B2 Street Address (P.O. Box Number is Not Acceptable): **835 CORNELIA AVE S E**  
B3 City: **PALM BAY** **FL** B5 Zip Code: **32909**

11. Pursuant to the provisions of Sections 605, 606, and 607, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent of faith in the State of Florida. Such change was authorized by the corporation (part of this form), thereby accept the appointment of registered agent. Each business will not accept the resignation of its former Florida Statutes.

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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12A NAME: <b>GP WATERS, SCOTT</b> 12B STREET ADDRESS: <b>2500 PLANTATION DR. MELBOURNE FL</b> 12C CITY, STATE: <b>FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13A NAME: <b>GP WATERS, SCOTT</b> 13B STREET ADDRESS: <b>835 CORNELIA AVE S E</b> 13C CITY, STATE: <b>PALM BAY, FL 32909</b>
12A NAME: <b>GP NOVAK, EARL</b> 12B STREET ADDRESS: <b>542 POINCEANA CT. MELBOURNE FL</b> 12C CITY, STATE: <b>FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13A NAME: <b>GP NOVAK, EARL</b> 13B STREET ADDRESS: <b>950 CAROT AVE S E</b> 13C CITY, STATE: <b>PALM BAY, FL 32909</b>
12A NAME: 12B STREET ADDRESS: 12C CITY, STATE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12A NAME: 12B STREET ADDRESS: 12C CITY, STATE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. This board certifies that the information supplied with this filing is accurate, correct and complete, for the corporation stated in this form. It further certifies that the information submitted on this annual report is accurate and complete and that any signature shall have the same legal effect as if made under oath. This form and office use only. It is not to be used for any other purpose or for any other corporation. It is to be used only for the purpose of filing this report as required by Chapter 607, Florida Statutes, and that any return appears in Block 13 of Block 12 is true and correct as stated with an address.

SIGNATURE: *Scott Waters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SCOTT WATERS, PRESIDENT**

✓ 4/30/94  
(407) 729-6108