

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -3 AM 8:59

DOCUMENT # **P01549** (5)

1. Corporation Name  
**GENESEE PAINTING CO., INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**3080 N CENTER ROAD FLINT MI 48519-1412**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/09/1984** 3a. Date of Last Report **04/13/1994**

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 25 29 30

4. FEI Number **38-2054725** 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**NILES, MAXINE  
#2 HENDRICKS ISLE  
FT. LAUDERDALE FL 33301**

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 607.0802 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.

OFFICER/DIRECTOR 12. (If a new officer/director, check "New" and apply the fee.) 13. (If a new officer/director, check "New" and apply the fee.)

12. OFFICERS AND DIRECTORS	
PD NILES, RONALD D. 5237 BERNEDA DRIVE FLINT MI	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY ST. ZIP
VD NILES, DAN A. 9690 BURNING TREE GRAND BLANC MI	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY ST. ZIP
STD NILES, GARY L. 5206 E CARPENTER FLINT MI	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY ST. ZIP
	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY ST. ZIP
	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY ST. ZIP
	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY ST. ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information filed with this filing is voluntarily furnished and it is not equally for the foregoing stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information is correct as of the 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 a resident of the State of Florida and that I am a resident of the State of Florida and that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida and that I am a resident of the State of Florida and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Sandra B. Northam*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (OFFICER OR DIRECTOR)

2/23/95