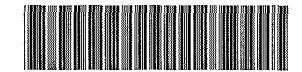
P03000100015

•		
(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	·
(City/St	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300023228963

09/29/03--01037--003 **43.75

03 SEP 29 PM 1: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARI. of Corr.
10/3/03

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: D&D PAINTING & ASS	SOCIATES INC.		
(Name of Corporation)			
DOCUMENT NUMBER: P03000	100015		
The enclosed Articles of Correction and	I fee are submitted for filing.		
Please return all correspondence concer	ming this matter to the following:		
ROBERT SCHRAMM			
(Name of Person)			
D&D PAINTING & ASSOCIATES			
(Name of Firm/Compa	iny)		
45 6TH ST # 112			
(Address)			
SHALIMAR, FL 32579			
(City/State and Zip C	ode)		
For further information concerning this	matter, please call:		
ROBERT SCHRAMM	at (850) 864-5549 (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Daytime Telephone Number)		
·			
Enclosed is a check for the following ar	nount:		
☐ \$25.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		
☑ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy		
Mailing Address:	Street Address:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassec Florida 32314	409 E. Gaines Street Tallahassee, Florida 32399		

FILED

ARTICLES OF CORRECTION

for

03 SEP 29 PM 1:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PRESIDENT/DIRECTOR

Title

D&D PAINTING & ASSOCIATES INC

ROBERT SCHRAMM

Typed or printed name of signee

Name of Corporation as currently filed with the Florida Dept. of State

P03000100015 Document Number (if known) Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction. These articles of correction correct_ARTICLE VII (Document Type) filed with the Department of State on SEPTEMBER 27, 2003 (File Date of Document) Specify the incorrect statement and reason it is incorrect or the manner in which the execution was defective: **RESIGNED OFFICERS: TREA** RESIGNED OFFICERS: SECR **CLAY WILSON** CLAY WILSON JR 2987 SHARON AVE 2987 SHARON AVE CRESTVIEW, FL 32539 CRESTVIEW, FL 32539 Correct the incorrect statement or defective execution: ADD NEW OFFICERS: TREA ADD NEW OFFICERS: SECR JOHN COON MARK BRADSHAW 27 RICKEY AVE 154 RICKEY ST FORT WALTON BEACH, FL 32547 FORT WALTON BEACH, FL 32547 Signature of the Chairman or Vice Chairman of the Board of Directors, any officer, or an incorporator, if applicable.

Filing Fee: \$35.00