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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P12643 (3)

**1. Corporation Name
HARRISON PAINT CORP.**

**Principal Place of Business Mailing Address
1329 HARRISON AVENUE S.W. 1329 HARRISON AVENUE S.W.
CANTON OH 44706 CANTON OH 44706**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/22/1986 3a. Date of Last Report 05/01/1994
4. FEI Number 34-0653046 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WALTERS, ROGER A
STREET ADDRESS	1329 HARRISON AVENUE, S.W.
CITY - ST - ZIP	CANTON OH 44706
TITLE	PD
NAME	MCCARTHY, MICHAEL P
STREET ADDRESS	3358 HADRIAN CIRCLE, N.W.
CITY - ST - ZIP	CANTON OH 44708
TITLE	STD
NAME	EVANS, ANDREW J
STREET ADDRESS	7580 KLINGSTON STREET, N.W.
CITY - ST - ZIP	MASSILLON OH 44848
TITLE	D
NAME	BOCKIUS, LOUIS V III
STREET ADDRESS	4282 STRAUSSER STREET, N.W.
CITY - ST - ZIP	NORTH CANTON OH 44720
TITLE	D
NAME	STRADLEY, GEORGE E II
STREET ADDRESS	69 WEST DRIVE
CITY - ST - ZIP	HARTVILLE OH 44832
TITLE	D
NAME	DICOLA, LEE J
STREET ADDRESS	220 MARKET AVENUE, SOUTH
CITY - ST - ZIP	CANTON OH 44702

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
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	

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 607, Florida Statutes; and that my name appears in Block 2 or Block 3 if changed, or on the attachment with an address.

SIGNATURE Andrew J. Evans, Sec.-Treas. 4/24/95 (216) 455-5125