

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P12643 (3)**

1. Corporation Name
HARRISON PAINT CORP.



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

3. Date Incorporated or Qualified: **12/22/1986** 3a. Date of Last Report: **05/01/1995**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 or authorized agent DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, ROGER A	1.2 NAME	
STREET ADDRESS	1329 HARRISON AVENUE, S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON OH 44706	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, MICHAEL P	2.2 NAME	
STREET ADDRESS	3358 HADRIAN CIRCLE, N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON OH 44708	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, ANDREW J	3.2 NAME	
STREET ADDRESS	7580 KLINGSTON STREET, N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MASSILLON OH 44646	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCKIUS, LOUIS V III	4.2 NAME	
STREET ADDRESS	4282 STRAUSSER STREET, N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH CANTON OH 44720	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRADLEY, GEORGE E II	5.2 NAME	
STREET ADDRESS	69 WEST DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARTVILLE OH 44632	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICOLA, LEE J	6.2 NAME	
STREET ADDRESS	220 MARKET AVENUE, SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON OH 44702	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 as an attachment with an address.

SIGNATURE: *Andrew J. Evans* Andrew J. Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Secy/Treas.

4/23/96 (330) 455-5125

CR2E034 (12/95)