

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF REVENUE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P32894 (8)**  
 1. Corporation Name  
**SERVICE PAINTING COMPANY OF TEXAS**

**FILED**  
**95 JUL -7 AM 9:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

Principal Place of Business: P.O. BOX 2353, BEAUMONT TX 77704  
 Mailing Address: P.O. BOX 2353, BEAUMONT TX 77704

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		02/20/1991	03/22/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		76-0025370	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	<input type="checkbox"/>
26		31		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27		32		<input type="checkbox"/>	<input type="checkbox"/>
28		33		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
29		34		<input type="checkbox"/>	<input type="checkbox"/>

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAITS, GUS	1.2 NAME	
STREET ADDRESS	2260 EDSON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEAUMONT TX	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCHARME, LARRY	2.2 NAME	
STREET ADDRESS	904 LOUISE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEDERLAND TX	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCHARME, LARRY	3.2 NAME	
STREET ADDRESS	904 LOUISE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEDERLAND TX	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, JERROLD R.	4.2 NAME	
STREET ADDRESS	1245 SHERIDAN	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEAUMONT TX	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, BONTA	5.2 NAME	
STREET ADDRESS	1245 SHERIDAN	5.3 STREET ADDRESS	
CITY-ST-ZIP	BEAUMONT TX	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, BRADEN J.	6.2 NAME	
STREET ADDRESS	4855 CHRISTINA	6.3 STREET ADDRESS	
CITY-ST-ZIP	BEAUMONT TX	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 110.07(3)(h), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Date: 7/2/94 (40A) 833-6226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (3/95)