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Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P32894 (8)

1. Corporation Name: SERVICE PAINTING COMPANY OF TEXAS



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

3. Date incorporated or Qualified: 02/20/1991
3a. Date of Last Report: 06/20/1996
4. FEI Number: 76-0025370
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 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WAITS, GUS	
STREET ADDRESS	2280 EDSON DRIVE	
CITY-ST-ZIP	BEAUMONT TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DUCHARME, LARRY	
STREET ADDRESS	904 LOUISE	
CITY-ST-ZIP	NEDERLAND TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DUCHARME, LARRY	
STREET ADDRESS	904 LOUISE	
CITY-ST-ZIP	NEDERLAND TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROCK, JERROLD R.	
STREET ADDRESS	1245 SHERIDAN	
CITY-ST-ZIP	BEAUMONT TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROCK, BONITA	
STREET ADDRESS	1245 SHERIDAN	
CITY-ST-ZIP	BEAUMONT TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROCK, BRADEN J.	
STREET ADDRESS	4855 CHRISTINA	
CITY-ST-ZIP	BEAUMONT TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: _____ DATE: 1/17/97 (407) 833-6226

CR2E034 (9/96)