

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/20/1991</b>
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number <b>76-0025370</b>
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WAITS, GUS</b>	
STREET ADDRESS	<b>2200 EDSON DRIVE</b>	
CITY-ST-ZIP	<b>BEAUMONT TX</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DUCHARME, LARRY</b>	
STREET ADDRESS	<b>904 LOUISE</b>	
CITY-ST-ZIP	<b>NEDERLAND TX</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DUCHARME, LARRY</b>	
STREET ADDRESS	<b>904 LOUISE</b>	
CITY-ST-ZIP	<b>NEDERLAND TX</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROCK, JERROLD R.</b>	
STREET ADDRESS	<b>1245 SHERIDAN</b>	
CITY-ST-ZIP	<b>BEAUMONT TX</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROCK, BONITA</b>	
STREET ADDRESS	<b>1245 SHERIDAN</b>	
CITY-ST-ZIP	<b>BEAUMONT TX</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROCK, BRADEN J.</b>	
STREET ADDRESS	<b>4855 CHRISTINA</b>	
CITY-ST-ZIP	<b>BEAUMONT TX</b>	

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 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 *Sandra B. Mortham* **2/16/98** **(409) 883-6226**

CR2E034 (10/97)