

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

APPROVED
AND
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95 MAR -1 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014531 (7)

BAY PAINTING & DECORATING, INC.

DO NOT WRITE IN THIS SPACE.

1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
8400 LOST LAKE DR ORLANDO FL 32817 US		8400 LOST LAKE DR ORLANDO FL 32817 US		12/18/1992	04/28/1994
2. Principal Place of Business	2a. Mailing Address	4. FBI Number	Applied For		
21	26	59-2926773	Not Applicable		
State, Apt. #, etc.	State, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	<input type="checkbox"/>	5. Election Campaign Financing Trust Fund Contribution		
City & State	City & State		<input type="checkbox"/> \$5.00 May Be Added to Fees		
22	28	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
City	Country	Zip	Country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PATTERSON, MICHAEL D 1825 CHILEAN LANE WINTER PARK FL 32792				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				8400 Lost Lake Drive			
				83 Orlando, Fla. 32817			
				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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, MICHAEL D	1.2 NAME	
STREET ADDRESS	8400 Lost Lake Dr.	1.3 STREET ADDRESS	8400 Lost Lake Drive
CITY, ST, ZIP	Orlando, Fla 32817	1.4 CITY-ST-ZIP	Orlando, Fla. 32817
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, MICHAEL D	2.2 NAME	
STREET ADDRESS	8400 Lost Lake Drive	2.3 STREET ADDRESS	8400 Lost Lake Drive
CITY, ST, ZIP	Orlando, Fla 32817	2.4 CITY-ST-ZIP	Orlando, Fla. 32817
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, KEN D	3.2 NAME	
STREET ADDRESS	8400 Lost Lake Drive	3.3 STREET ADDRESS	8400 Lost Lake Drive
CITY, ST, ZIP	Orlando, Fla 32817	3.4 CITY-ST-ZIP	Orlando, Fla. 32817
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ED	4.2 NAME	
STREET ADDRESS	8400 Lost Lake Drive	4.3 STREET ADDRESS	8400 Lost Lake Drive
CITY, ST, ZIP	Orlando, Fla 32817	4.4 CITY-ST-ZIP	Orlando, Fla. 32817
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Crystal Shannon Patterson
STREET ADDRESS		5.3 STREET ADDRESS	8400 Lost Lake Drive
CITY, ST, ZIP		5.4 CITY-ST-ZIP	Orlando, Fla. 32817
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 in person. 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 on block 12 of this report, or on an attachment with an address.

SIGNATURE: Michael D. Patterson Michael D. Patterson Date: 2-24-95 (402)677-8986