

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:44

DOCUMENT # **P93000087645 (6)**

1. Corporation Name
A-1 PAINTING, INC.

Principal Place of Business Mailing Address
1020 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114 **19 APPLEWOOD CIRCLE SOUTH DAYTONA FL 32119 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/20/1993** 3a. Date of Last Report **06/13/1994**
4. FEI Number **59-3218129** 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 2a. Mailing Address
21 **P.O. Box 9886** 26
Suite, Apt. #, etc. 27
22
City & State 28
23 **Daytona Beach, FL**
Zip Country 29
24 **32115** 25 **Volusia** 30

9. Name and Address of Current Registered Agent
**WEBSTER, DANIEL J
1020 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114**

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 restatus) DATE _____

12. OFFICERS AND DIRECTORS
TITLE **D**
NAME **SORIERO, TOM D**
STREET ADDRESS **19 APPLEWOOD CIR**
CITY - ST - ZIP **S DAYTONA FL 32119**
TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 checked, or on an attachment with an address.

SIGNATURE: *Tom D. Soriero*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tom D. Soriero President

3-31-95 767-5549
Date (Month/Day/Year) Telephone Number