

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 1 AM 3:02

DOCUMENT # **V30200** (2)

1. Corporation Name

COTTON & MARTIN CUSTOM PAINTING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

601 LAUREL ROAD E.
NOKOMIS FL 34275

Mailing Address

601 LAUREL ROAD E.
NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/17/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0339075

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

7. This corporation has liability for intangible tax under 5 199 032
Florida Statutes. Yes No

2. Principal Place of Business

21

State, Apt. # etc.

22

City & State

24

Zip

2b. Mailing Address

26

State, Apt. # etc.

27

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

MARTIN, TED
601 LAUREL ROAD E.
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 602 (b)(2) and 607 (1)(b) 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 authorized and accept the obligations of Sections 602 (b)(2) Florida Statutes.

SIGNATURE

(Print Name, Address and Telephone Number of Registered Agent)

(Print Name, Address and Telephone Number of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

12a. NAME
12b. STREET ADDRESS
12c. CITY, STATE, ZIP

PDT
MARTIN, TED
601 LAUREL RD. E.
NOKOMIS FL

12d. NAME
12e. STREET ADDRESS
12f. CITY, STATE, ZIP

VDS
MARTIN, KATHI
601 LAUREL RD. E.
NOKOMIS FL 34275

12g. NAME
12h. STREET ADDRESS
12i. CITY, STATE, ZIP

12j. NAME
12k. STREET ADDRESS
12l. CITY, STATE, ZIP

12m. NAME
12n. STREET ADDRESS
12o. CITY, STATE, ZIP

12p. NAME
12q. STREET ADDRESS
12r. CITY, STATE, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME
13b. STREET ADDRESS
13c. CITY, STATE, ZIP

13d. NAME
13e. STREET ADDRESS
13f. CITY, STATE, ZIP

13g. NAME
13h. STREET ADDRESS
13i. CITY, STATE, ZIP

13j. NAME
13k. STREET ADDRESS
13l. CITY, STATE, ZIP

13m. NAME
13n. STREET ADDRESS
13o. CITY, STATE, ZIP

13p. NAME
13q. STREET ADDRESS
13r. CITY, STATE, ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I hereby certify that the information supplied with this filing is substantially accurate and does not qualify for the exemption stated in Section 119 (1)(b) Florida Statutes. I further certify that the information included in 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 appointed to execute this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathi Martin VDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95

813
484-2100